

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho  
City of Malad  
No. 41230636-392 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

225704

Registration District No. .... State File No. ....  
Prim. Registration District No. .... Local Registrar's No. ....

FULL NAME OF CHILD VENA ADAMS  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and { Number in order of birth of birth }	Legitimate? <u>yes</u>	Date of birth <u>Oct 30</u> , 19 <u>83</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?     

Number of child of this mother, including present birth One (a) Born alive and now living This just born

Born alive but now dead none Stillborn none

FATHER	MOTHER
FULL NAME <u>John Henry Adams</u>	FULL MAIDEN NAME <u>Mary Ann Irish</u>
Residence (Usual place of abode) <u>Malad Idaho</u>	Residence (Usual place of abode) <u>Malad Idaho</u>
If non-resident, give place and State <u>    </u>	If non-resident, give place and State <u>    </u>
Color or race <u>White</u> Age at last birthday <u>23</u> (Years)	Color or race <u>White</u> Age at last birthday <u>19</u> (Years)
Birthplace <u>Mertha Tazil, Wales</u> (City and State or County)	Birthplace <u>Wagnolia Iowa</u> (City and State or County)
Occupation <u>Farmer Naturalized</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was {Born alive} at      M.  
on the date above stated. {Stillborn}

(Signature) Vena Adams

{Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Myrtle M. Haysow  
Malad, Idaho, State of Wash.  
Filed 19 Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 865-215 037-266 PLACE OF BIRTH  
County of \_\_\_\_\_  
City of Silver City  
No. Idaho St. Idaho  
name

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_ State File No. 232662

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD CICILY TEMPERANCE HONAN

3. Sex female If plural { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti-  
births { 5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ mate? yes 8. Date of birth Mar 15<sup>th</sup> 1933  
(Month, Day, Year)

9. Full name FATHER James F. Honan 18. Full maiden name MOTHER Jennie Alvin Brown

10. Residence (usual place of abode) Idaho 19. Residence (usual place of abode) Idaho U.S.  
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday unknown (years) 20. Color or race white 21. Age at last birthday 23 (years)

13. Birthplace (city or place) unknown 22. Birthplace (city or place) Waterloo Iowa U.S.  
(State or Country) (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_  
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
one (a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks 30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

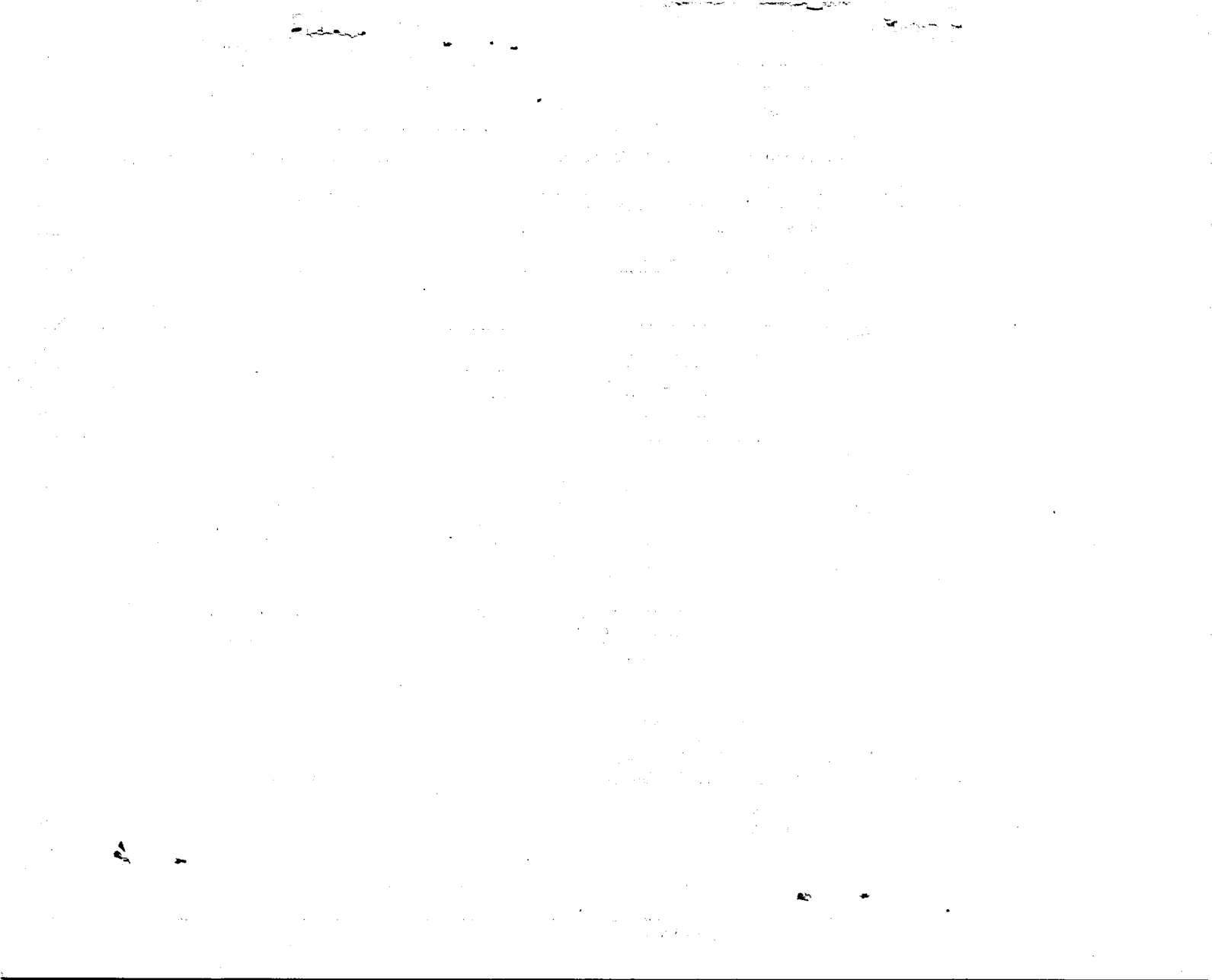
(Signed) (See Affidavit on next page) M. D.

or \_\_\_\_\_ Midwife

Address \_\_\_\_\_

Filed June 3 1935 Pearl Dillingham State Registrar.

Registrar.





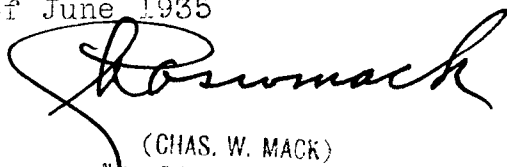
Base Idaho June 3-1935

This is to certify that Cecily Temperance  
Honan was born at Silver City,  
Idaho, on March 15<sup>th</sup>, 1883.

Her parents were Jennie A. Honan  
and James F. Honan.

Witness Mrs Jennie Pratt  
" Martin E Pratt

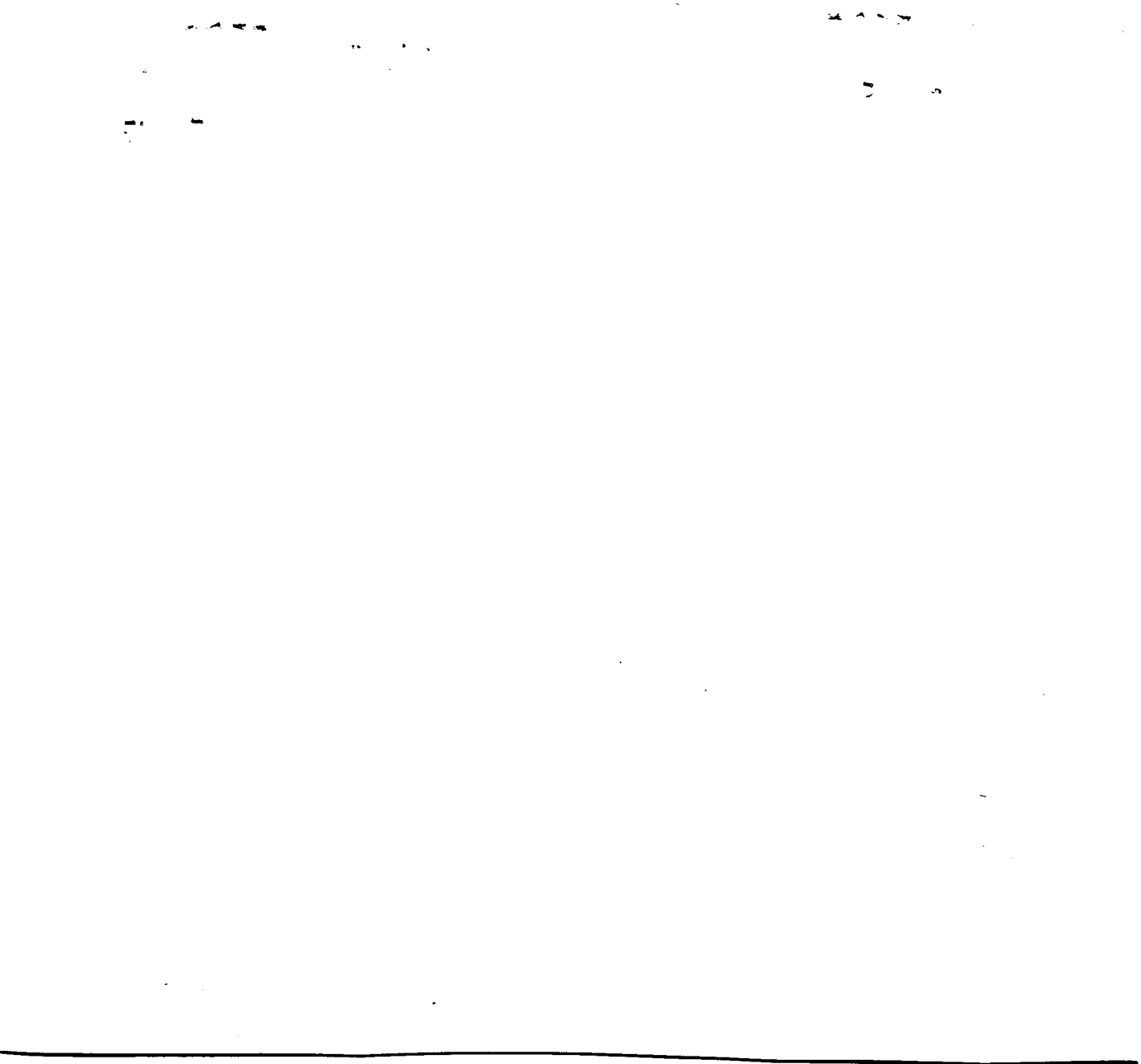
Subscribed and sworn to before me this  
3rd day of June 1935



(CHAS. W. MACK)

Notary Public, Ada County, Idaho

My Commission Expires July 15, 1935



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

296-214-029 867  
1. PLACE OF BIRTH  
County of Idaho  
City of Arvin  
No. 296-214-029  
1936 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 247326

(If born in hospital or institution give name)  
Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Angie Alene Brown

3. Sex female 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Dec. 14, 1936  
(Month, Day, Year)

9. Full name FATHER  
Isabelt Merrill Brown  
10. Residence (usual place of abode) Arvin Idaho  
(If non-resident, give place and State)  
11. Color or race white 12. Age at last birthday 41 (years)  
13. Birthplace (city or place) Newport Rhode Island  
(State or country)  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Carpenter  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

OCCUPATION

18. Full maiden name MOTHER  
Martha Ann Hoze  
19. Residence (usual place of abode) Arvin Idaho  
(If non-resident, give place and State)  
20. Color or race white 21. Age at last birthday 28 (years)  
22. Birthplace (city or place) Mapleton Kansas  
(State or country)  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn \_\_\_\_\_  
29. If stillborn, period of gestation \_\_\_\_\_ months or weeks 30. Cause of stillbirth \_\_\_\_\_  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)  
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) L. E. Stickney sister  
or Caldwell Idaho M.D.  
Give name added from a supplemental report \_\_\_\_\_  
Subscribed & sworn to before me this 30th day of September, 1936  
(Date of) \_\_\_\_\_  
Notary Public for Idaho  
Residing at Caldwell, Idaho

Filed Oct. 2 1936 Registrar.



WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

263579

1. PLACE OF BIRTH  
County of Ada  
City of Boise  
No. 819-104 001-318 St.

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD John Thomas Hailey

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth Feb. 4 1883 (Month, Day, Year)

9. Full name Jesse Campbell Hailey FATHER  
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho  
11. Color or race W 12. Age at last birthday 25 years  
13. Birthplace (city or place) (State or Country) Jacksonville Jackson Co. Oregon  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockgrower  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name Annie Catherine Taylor MOTHER  
19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida.  
20. Color or race W 21. Age at last birthday 22 years  
22. Birthplace (city or place) (State or Country) Linden Province Ontario, Canada  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child) 1  
(a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks 30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)  
When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Jesse B. Hailey of Father W. D.  
or 1816 N. 28, Boise, Idaho of Midwife \_\_\_\_\_  
Give name added from a supplemental report \_\_\_\_\_  
Address \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Filed 2-23-38 193\_\_\_\_  
Registrar. Registrar.

APR 16 1952

454 207 036-689

273311

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

NOV 26 1938

## CERTIFICATE OF BIRTH

273311

1. PLACE OF BIRTH  
County of Oneida  
City of Soda Springs  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Florence Anjaline Underwood

3. Sex female If plural { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti-  
births { 5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ mate? yes  
8. Date of birth August 7, 1885  
(Month, Day, Year)

9. Full name FATHER <u>John Lauren Underwood</u>		18. Full maiden name MOTHER <u>Lizzie Mason Whitman</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Soda Springs Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Soda Springs Idaho</u>	
11. Color or race <u>White</u> 12. Age at last birthday <u>51</u> (years)		20. Color or race <u>White</u> 21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Deposit, Broome New York</u>		22. Birthplace (city or place) (State or Country) <u>Como, Whiteside Co. Illinois</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stock buyer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper in own</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>and butcher</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home</u>
	16. Date (month and year) last engaged in this work <u>1889</u>		25. Date (month and year) last engaged in this work <u>Feb. 10, 1884</u>
17. Total time (years) spent in this work <u>20</u>		26. Total time (years) spent in this work <u>48</u> years	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)  
Third child (a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks

30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

(Signed) \_\_\_\_\_, M. D.

or Mrs. Harrington, Midwife

Address do not know her whereabouts

Filed NOV 27 1938, 193

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.





STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

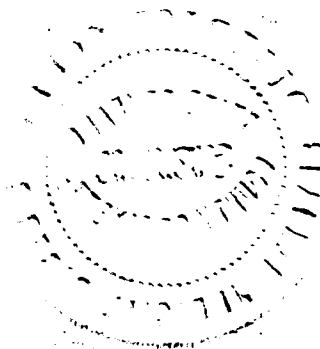
State of Idaho }  
County of Payette } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
Lizzie Mason Underwood being first duly sworn says that  
is the mother of Florence Anjaline Underwood  
(Relationship of child)\*  
born August 7, 1883 at Soda Springs, Idaho,  
(Date of birth)  
whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-  
cate of birth of the said Florence Anjaline Underwood  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Harrington M. D. was the  
medical attendant at the birth of said Florence Anjaline Underwood and that  
the said medical attendant is cannot be located  
(Now deceased (or) cannot be located)

Name of Affiant Lizzie Mason Underwood  
P. O. Address Payette, Idaho  
Subscribed and sworn to before me this 25 day of November, 1938

Lillian Wilson  
Clerk of District Court, in and ~~Notary Public~~  
for Payette County, Idaho, Residing at Payette, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

253; 217 001-365  
1. PLACE OF BIRTH  
County of Ada  
City of Boise  
No. Franklin St. St.

MAY 24 1939

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_ State File No. 279592

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Olive Irene Kelly

3. Sex Female If plural births { 4. Twin, triplet, or other -- 6. Premature No 7. Legiti- 8. Date of birth Nov. 17, 1883  
5. Number, in order of birth 5 Full term Yes mate? Yes (Month, Day, Year)

FATHER		MOTHER	
9. Full name	<u>Stillman Kelly</u>	18. Full maiden name	<u>Sophonra Love</u>
10. Residence (usual place of abode) (If non-resident, give place and State)	<u>Boise, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State)	<u>Boise, Idaho</u>
11. Color or race <u>White</u>	12. Age at last birthday <u>44</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>28</u> (years)
13. Birthplace (city or place) (State or Country)	<u>Clay County Missouri</u>	22. Birthplace (city or place) (State or Country)	<u>Stevens County, New York</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Bailiff</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	<u>Court House</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	<u>Own Home</u>
16. Date (month and year) last engaged in this work <u>Have forgotten</u>	17. Total time (years) spent in this work <u>Have forgotten</u>	25. Date (month and year) last engaged in this work <u>Have forgotten</u>	26. Total time (years) spent in this work <u>Continuous</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know

28. Number of children of this mother 5 (At time of this birth and including this child)  
(a) Born alive and now living 5 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn None

29. If stillborn, period of gestation None { months or weeks } 30. Cause of Stillbirth -- { During labor -- Before labor -- }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I am the mother attended the birth of this child, who was born alive at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

(Signed) Sophonra Kelly M. D. Mother

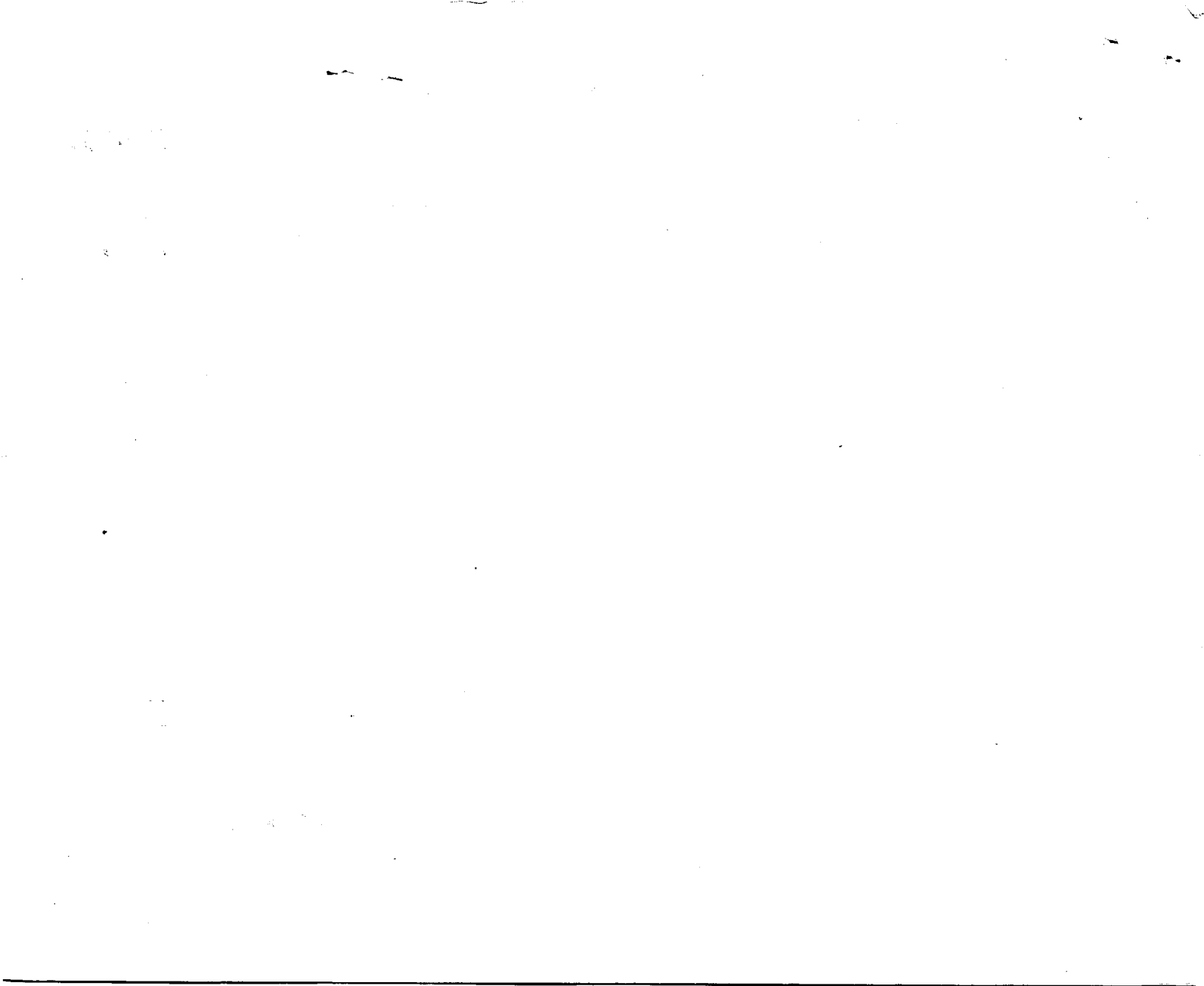
or How Sophronia Kelly Van Camp M. D. Midwife

Address 1101 Main St. Warrenton Oregon

Filed May 24, 1939

Registrar.

Registrar.



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH**  
**BUREAU OF VITAL STATISTICS**

State of Oregon }  
County of Clatsop } ss. **AFFIDAVIT**  
(To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
Sophronia Kelly Van Camp being first duly sworn says that  
she is the mother of Olive Irene Kelly, now Mrs. Olive Irene  
(Relationship of child)\* Knutson  
born November 17, 1883 at Boise, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-  
cate of birth of the said Olive Irene Kelly

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Stephens M. D. was the  
medical attendant at the birth of said Olive Irene Kelly Midwife  
and that  
the said medical attendant is now deceased  
(Now deceased (or) cannot be located)

Name of Affiant Sophronia Kelly Van Camp  
P. O. Address 5th Main St. Warrenton Oregon

Subscribed and sworn to before me this 23rd day of May, 1939

G. Clifford Barlow  
Notary Public.  
Residing at Warrenton Oregon, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1000

1000

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Idaho</u> City of <u>FREEDOM - IDAHO</u> No. <u>A 691-204-025-296</u> (If born in hospital or institution give name.) 2. FULL NAME OF CHILD <u>PEARL HANCOCK FRANCIS</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 279696	
St. <u>JUN 10 1939</u> Registration District No. _____ State File No. _____ Prim. Registration District No. _____ Local Registrar's No. _____			
3. Sex <u>female</u> If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____	6. Premature. _____ Full term <u>X</u> 7. Legiti- mate? <u>X</u>	8. Date of birth <u>Sept. 4</u> , 19 <u>33</u> (Month, Day, Year)	
9. Full name FATHER <u>JAMES FRANCIS</u>		18. Full maiden name MOTHER <u>Margaret Ann Brown</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Freedom - Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Freeland, Idaho</u>	
11. Color or race <u>white</u>   12. Age at last birthday <u>29</u> years		20. Color or race <u>white</u>   21. Age at last birthday <u>32</u> years	
13. Birthplace (city or place) <u>Manchester - Ohio</u> (State or Country)		22. Birthplace (city or place) <u>Manassas, San Diego - country</u> (State or Country) <u>Utah</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work <u>Sept. 4</u> , 19 <u>33</u>		25. Date (month and year) last engaged in this work <u>Sept. 4</u> , 19 <u>33</u>	
17. Total time (years) spent in this work <u>25</u>		26. Total time (years) spent in this work <u>1 7/8 yrs.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor. Before labor.	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Dead

Give name added from a supplemental report \_\_\_\_\_

(Date of)

Registrar.

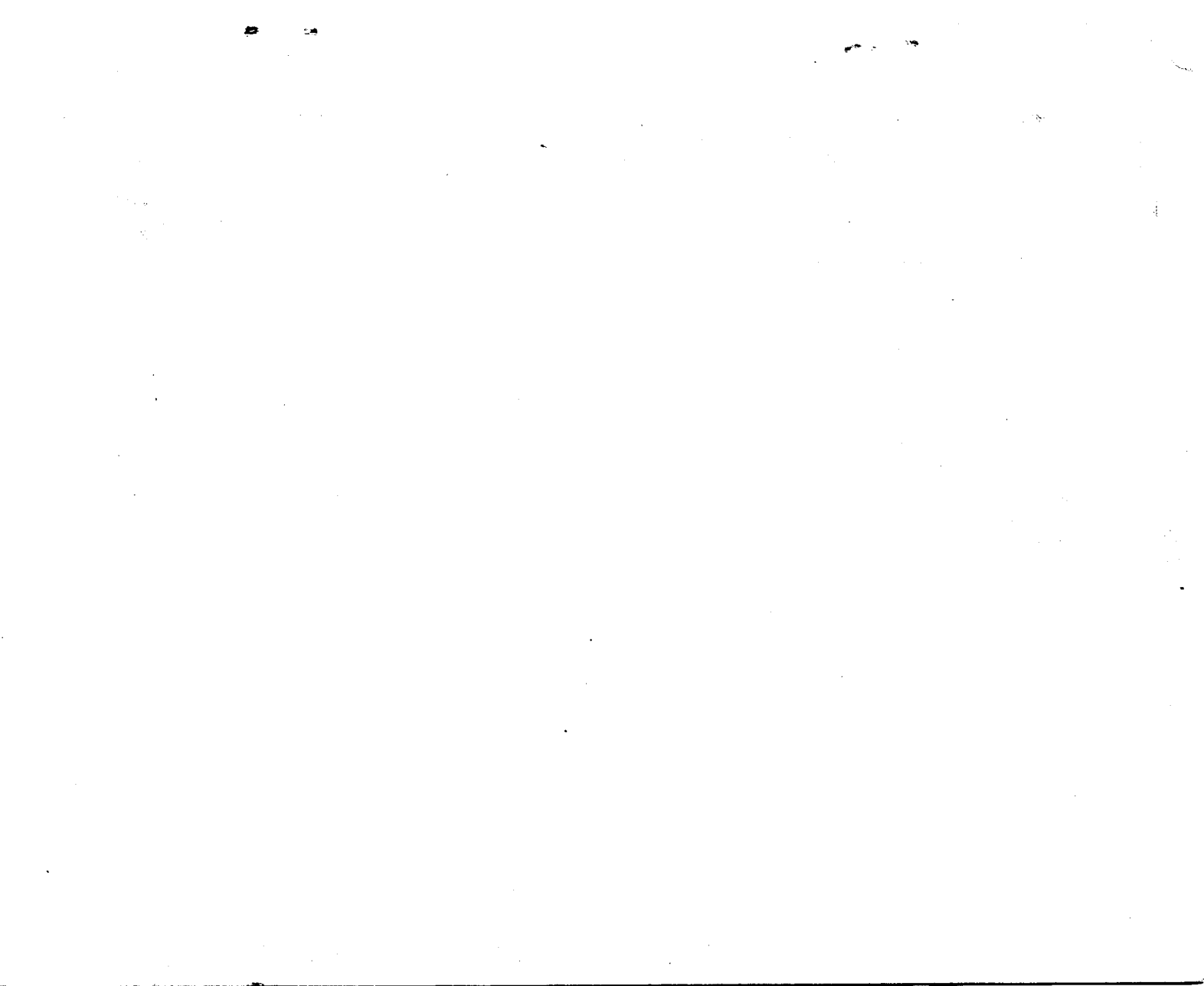
(Signed) \_\_\_\_\_, M. D.

or dead, Midwife

Address \_\_\_\_\_

Filed JUN 10 1939, 1933

Registrar.





## STATE OF IDAHO

R

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Payette } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

Margaret Ann Heap being first duly sworn says that  
she is the mother of Pearl ~~Heap~~ Francis  
(Relationship of child)\*  
born ~~Pearl ~~Heap~~ Francis~~ Sep. 4, 1883 at ~~Idaho~~ Fredon xxx, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi  
cate of birth of the said Pearl ~~Heap~~ Francis

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that M. D. was the  
Midwife  
medical attendant at the birth of said deceased and that  
the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant Margaret Ann HeapP. O. Address Fruitland, Idaho

Subscribed and sworn to before me this 17th day of February, 1939

P. J. [Signature] Notary Public.

Residing at Payette, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of  
the affiant, as brother, sister, cousin, etc.

JUL 20 1948

7-20-48

A619-118016945

RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

297932

JUL 11 1940

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

1. PLACE OF BIRTH  
County of Cassia  
City of Elba,  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George David Ward3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Legitimate? \_\_\_\_\_ 8. Date of birth Oct. 18, 1883 (Month, Day, Year)

9. Full name FATHER

David Henry Ward10. Residence (usual place of abode)  
(If non-resident, give place and State) Elba, Idaho11. Color or race white 12. Age at last birthday 23 (years)13. Birthplace (city or place)  
(State or Country) Willard City  
Utah14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother 2 (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ months or weeks

30. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) \_\_\_\_\_

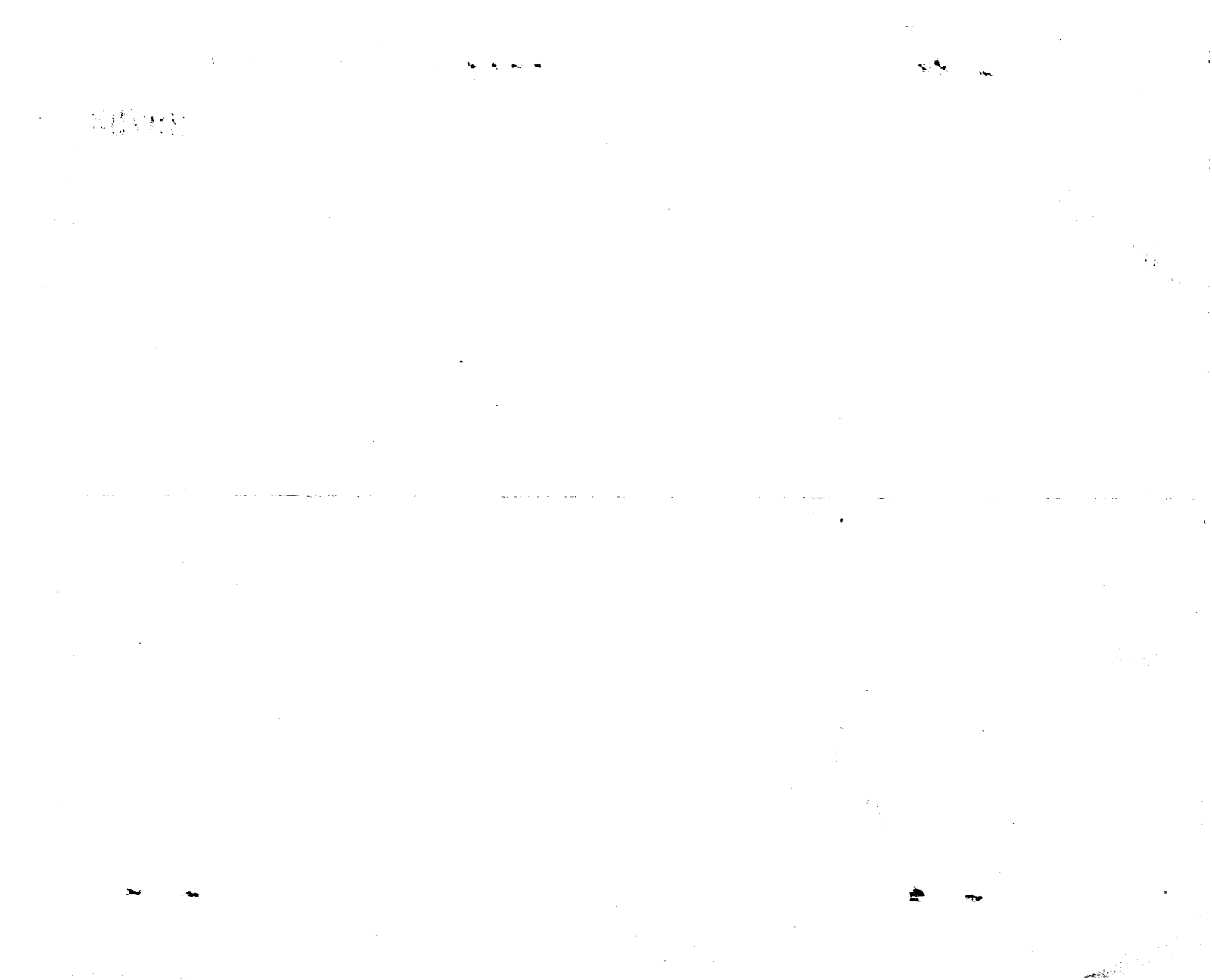
or \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

Cynthia Matilda Zundel M.D.  
Ward Midwife  
Mac S. Atwood Registrar.  
Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

JUL 11 1940

State of Idaho

County of Cassia

### AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Cynthia Matilda Zundel

being first duly sworn says that

she is the mother of George David Ward  
(Relationship of child)\*

born October 18, 1883 at Elba, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said George David Ward

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Martha Parish, ~~Midwife~~ was the

medical attendant at the birth of said George David Ward and that

the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Cynthia Matilda Zundel Ward

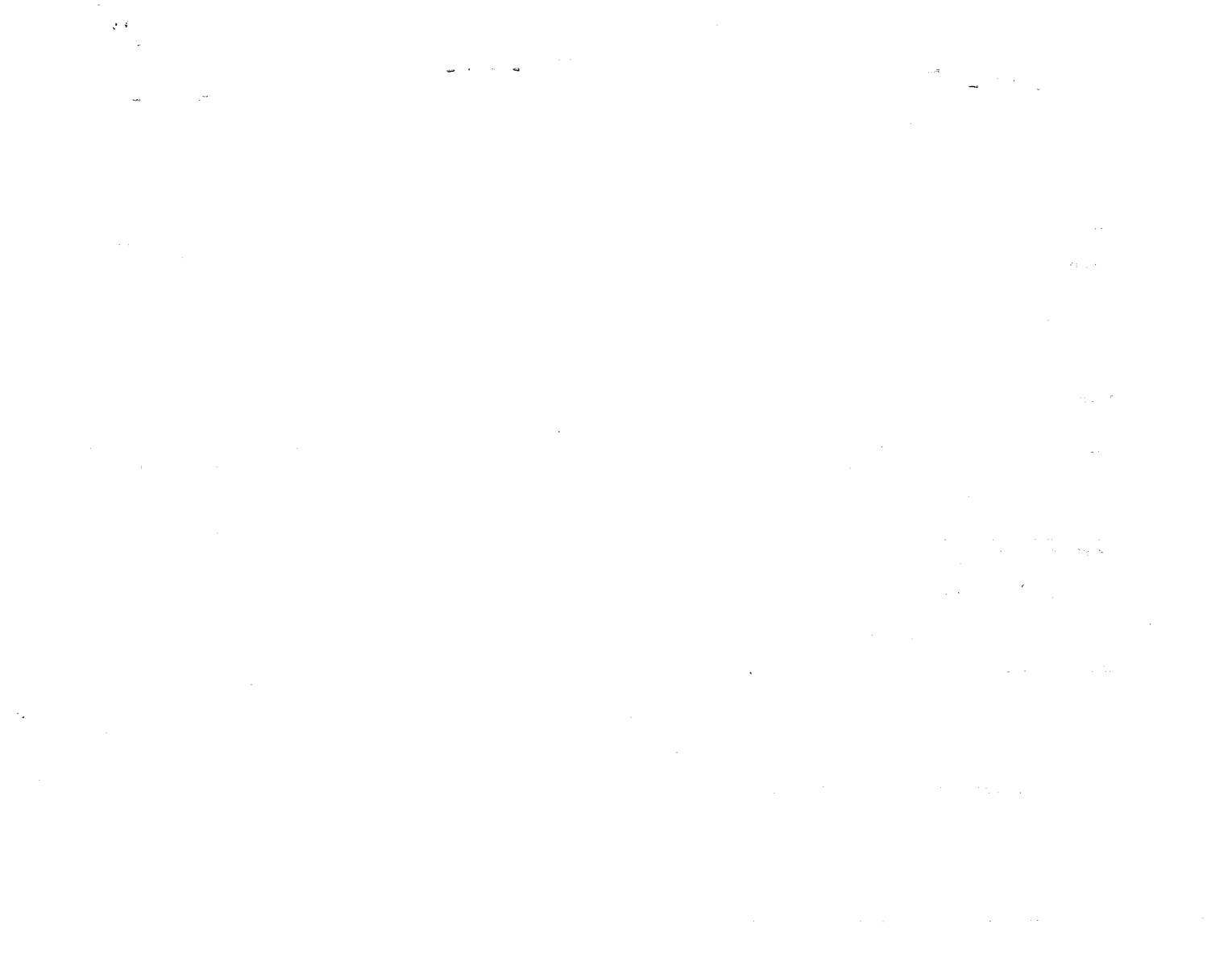
P. O. Address Burley, Idaho

Subscribed and sworn to before me this 17th day of June, 19 40

J. C. Garbuel  
Notary Public.

Residing at Burley, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

497221006-719  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

298085  
State File No. 298085  
Local Reg. No.  
Reg. Dist. No.

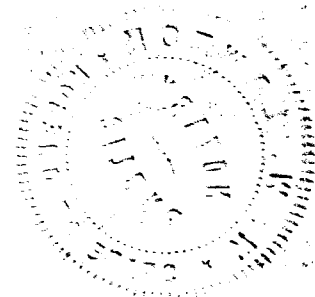
<b>1. PLACE OF BIRTH</b> (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		<b>2. USUAL RESIDENCE of MOTHER: (Always fill in these)</b> (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?.....yrs. (f) Mother's mailing address <u>Blackfoot, Ida.</u>	
<b>4. FULL NAME OF CHILD</b> <u>Daisy Mae Dippel</u>		<b>5. Date of Birth</b> <u>3-21-1883</u> (Month, day, year)	
<b>6. Sex</b> <u>female</u> <b>7. Twin or Triplet</b> <u>1st</u> <b>If so - born</b> <u>1st, 2nd, 3rd</u>		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Henry Clarence Dippel</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>68</u> yrs. <b>13. Birthplace</b> <u>Sacramento, Calif.</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Louella May Parsons</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>68</u> years <b>19. Birthplace</b> <u>Brayfield, England</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>School girl housewife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>None</u> <b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was.....at.....M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.) (First name) (Last name)			
<b>26. (a)</b> <u>Sept 5, 1940</u> <b>(b)</b> <u>Mae L. Atwood</u> (Date recorded) (Registrar's signature) <b>Bureau of Vital Statistics</b>		<b>25. Attendant's</b> <b>OWN signature</b> .....M.D. or..... (D.O., Midwife, etc.) <b>and address</b> ..... <b>Date</b> .....	
<b>27. Given name added on</b> ..... (Registrar's signature)			

State of Oregon ss.  
County of Malheur  
Louella May Dippel, being first duly sworn, say that I am mother of  
Daisy Mae Dippel as....., whose birth certificate  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Armin Ward, who attended  
(Name of attendant at birth)  
said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)  
Louella May Dippel Name  
.....P. O. Address  
NO. 100 PUBLIC FOR OREGON  
EXPIRES 4-16-41  
Subscribed and sworn to before me on this 21st day of Aug, 1940  
Lowell J. Linton Notary Public, residing at Portland, Ore.  
(SEAL)

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613 219 029 291  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# RECEIVED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **298434**  
Local Reg. No. **1186**  
Reg. Dist. No. **200**

SEP 11 1940

1. **PLACE OF BIRTH:**  
(a) County Latah (b) City MOSCOW  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home.....days.  
In **THIS** county.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State Idaho (b) County Latah  
(c) City MOSCOW  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 16 mos.  
(f) Mother's mailing address MOSCOW, Idaho
3. **RESIDENCE OF FATHER** (city, state) MOSCOW, Idaho

4. **FULL NAME OF CHILD** Pearl Etta Walters
5. Date of Birth August 19, 1883  
(Month, day, year)
6. Sex Female 7. Twin or Triplet        If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine 9. Legitimate? Yes

- | FATHER OF CHILD  |  | MOTHER OF CHILD                              |   |
|--|--|--|---|
| 10. <b>FULL NAME</b> <u>George W. Walters</u>  | 16. <b>FULL MAIDEN NAME</b> <u>Mary Jane Branson</u>                                       |  |   |
| 11. Color or Race <u>White</u>   | 17. Color or Race <u>White</u>   | 12. Age at time of THIS birth <u>20</u> yrs. | 18. Age at time of THIS birth <u>22</u> years |
| 13. Birthplace <u>Rutledge, Tennessee</u><br>(City or town) (State or foreign country) | 19. Birthplace <u>Maynardville, Tennessee</u><br>(City or town) (State or foreign country) |  |   |
| 14. Exact Occupation <u>Farmer</u>   | 20. Exact Occupation <u>Housewife</u>  |  |   |
| 15. Industry or Business <u>Farming</u>  | 21. Industry or Business <u>Housewife</u>  |  |   |

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead # (d) Stillborn #

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 10 P. M. on the date 9-7-40 and at the place stated above, and that personal particulars were furnished by George W. Walters, who is related to this child as Father  
(Mother, etc.) (First name) (Last name)

26. (a) 9-7-40 (b) George W. Walters  
(Date received) (Registrar's signature)
27. Given name added on.....by.....  
(Registrar's signature)
25. Attendant's George M. Walters  
**OWN** signature XXXXXXXXXX  
(D.O., Midwife, etc.)  
and address Republic, Wash. Date 9/7/40

State of Idaho }  
County of Latah } ss.

I, George W. Walters, being first duly sworn, say that I am related to  
Pearl Etta Walters as father  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Sutherland, who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 7th day of September, 1940  
(SEAL) Jack M. Quade Notary Public, residing at Moscow, Idaho

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Oneida  
City of \_\_\_\_\_  
No. None St. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Caroline Eunice Burnett

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth July 11, 1883  
5. Number, in order of birth \_\_\_\_\_ Full term Yes (Month, Day, Year)

9. Full name of FATHER Daniel McArthur Burnett

10. Residence (usual place of abode)  
(If non-resident, give place and State) \_\_\_\_\_

11. Color or race White 12. Age at last birthday 23 (years)

13. Birthplace (city or place) Brooklyn New York  
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own home

16. Date (month and year) last engaged in this work  
July 11, 1883

17. Total time (years) spent in this work 4 years

18. Full maiden name of MOTHER Hannah Jane Heath

19. Residence (usual place of abode)  
(If non-resident, give place and State) \_\_\_\_\_

20. Color or race White 21. Age at last birthday 19 (years)

22. Birthplace (city or place) Ogden Valley Utah  
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work  
July 11, 1883

26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)  
3 (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks

30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:00 P.m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar. \_\_\_\_\_

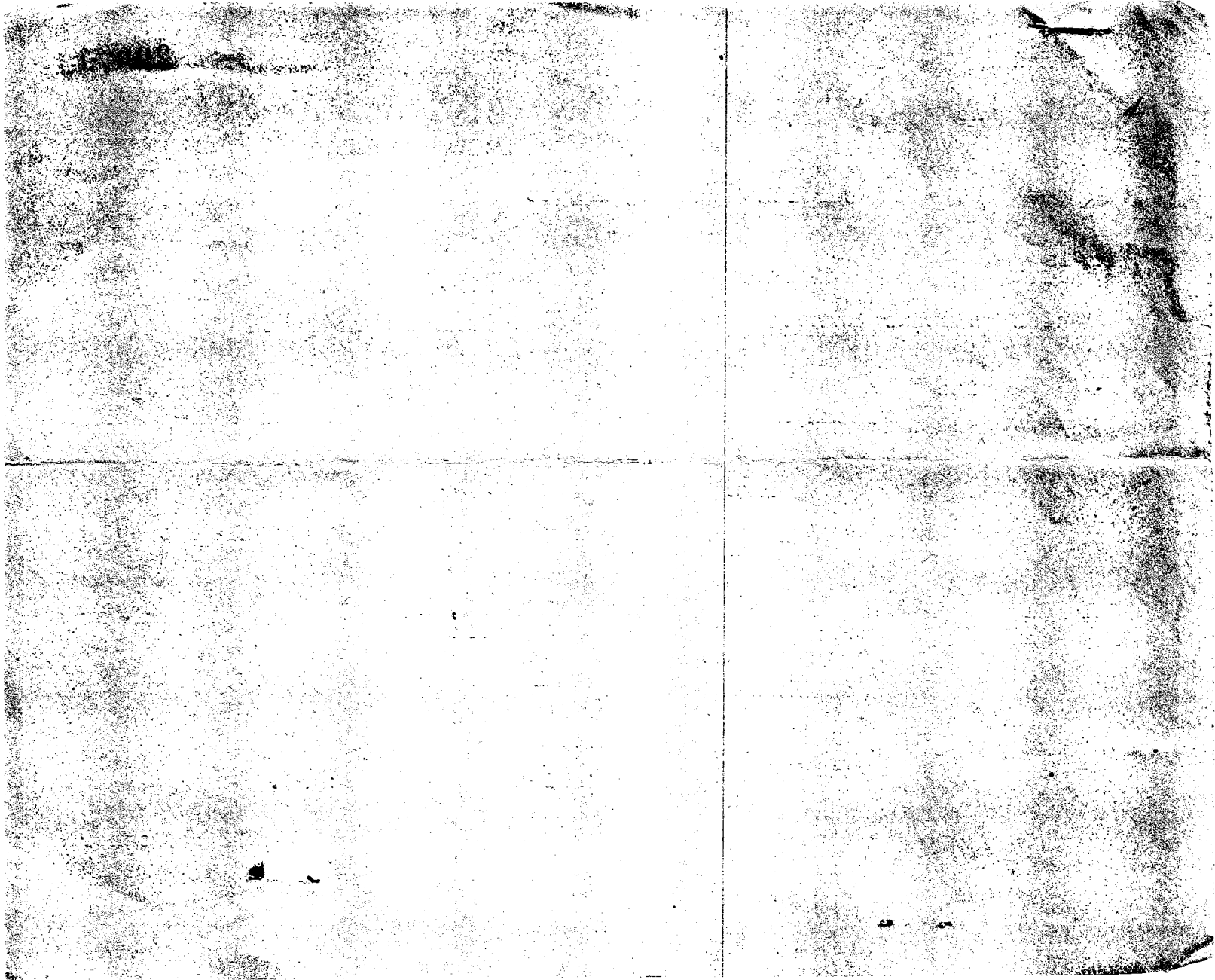
(Signed) Hannah Jane Burnett Mother M. D.

or \_\_\_\_\_

Address \_\_\_\_\_

Filed 9/27, 1903 Lo Mae G. Atwood

Bureau of Vital Statistics



C.A. Bottolfson [REDACTED], GOVERNOR

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

Bureau of Vital Statistics

State of California

County of Los Angeles

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Hannah Jane Burnett

being first duly sworn says that

she is the Mother

(Relationship of child)\*

of Caroline Eunice Burnett

born July 11, 1883  
(Date of birth)

at \_\_\_\_\_, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Caroline Eunice Burnett

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Lloyd

M. D. was the  
Midwife

medical attendant at the birth of said Caroline Eunice Burnett

and that

the said medical attendant is Now deceased

(Now deceased (or) cannot be located)

Name of Affiant Hannah Jane Burnett

P. O. Address 18723 Erwin St. Reseda California

Subscribed and sworn to before me this

20th

day of

February

1939

Donald J. [Signature]

Notary Public.

Residing at \_\_\_\_\_ My Commission Expires November 16, 1942, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

████████████████████

4

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Alturas (Blaine)</u> City of <u>Ketchum</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS <b>CERTIFICATE OF BIRTH</b> 301698 NOV 4 1940 Registration District No. <u>410</u> State File No. _____ Prim. Registration District No. _____ Local Registrar's No. <u>115</u>	
2. FULL NAME OF CHILD <u>Effie May Thompson</u>			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>X</u>
9. Full name <u>FATHER</u> <u>Frederick Edward Thompson</u>		8. Date of birth <u>Dec. 4, 1887</u> (Month, Day, Year)	
10. Residence (usual place of abode) <u>Ketchum</u> (If non-resident, give place and State) <u>Idaho</u>		18. Full maiden name <u>MOTHER</u> <u>Missouri Catherine Harris</u>	
11. Color or race <u>wh.</u>   12. Age at last birthday <u>30</u> (years)		19. Residence (usual place of abode) <u>Ketchum</u> (If non-resident, give place and State) <u>Idaho</u>	
13. Birthplace (city or place) (State or Country) <u>Indiana</u>		20. Color or race <u>wh</u>   21. Age at last birthday <u>22</u> (years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		22. Birthplace (city or place) (State or Country) <u>California</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
16. Date (month and year) last engaged in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____	
26. Total time (years) spent in this work _____		27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____	
28. Number of children of this mother <u>2</u> (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of stillbirth _____ { Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)  
(Signed) Harry A. Cook, M. D.  
or Aunt, Midwife  
Address Jerome, Idaho  
Filed 10-30, 1940 Robert H. Wright  
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

JAN 2 2 1945



## STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICSState of Idaho  
County of Elmore

## AFFIDAVIT

} ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nancy A. Coats

being first duly sworn says that

she is the Aunt of Effie May Thompson  
 (Relationship of child)\*  
 born December 4, 1883 at Ketchum, Idaho,  
 (Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Effie May Thompson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that The midwife and parents M. D. was the Midwife  
 medical attendant at the birth of said Effie May Thompson and that  
 the said medical attendant is Now deceased

(Now deceased (or) cannot be located)

Name of Affiant Nancy A. Coats Aunt

P. O. Address Jerome, Idaho

Subscribed and sworn to before me this 23rd. day of April, 1940.

Probate Judge for Elmore County, Inc.

Residing at Mountain Home, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

302887 302887  
State File No.  
Local Reg. No.  
Reg. Dist. No.

DEC 7 1940

1. PLACE OF BIRTH: (a) County <u>Washington</u> (b) City <u>Weiser</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ months _____ days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Weiser</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address <u>Weiser Idaho</u>	
4. FULL NAME OF CHILD <u>Cora Beatrice Hannah</u>		5. Date of Birth <u>April 17 1889</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Henry Van Dyke Hannah</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>41</u> yrs. 13. Birthplace <u>Rising Sun Indiana</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL NAME <u>Mary Etta Hunter</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>36</u> years 19. Birthplace <u>Rising Sun Indiana</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>6</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother) <u>Mae G. Atwood</u> (First name) (Last name)			
26. (a) <u>Dec. 7, 1940</u> (b) <u>Mae G. Atwood</u> (Date received) (Registrar's signature)		25. Attendant's OWN signature _____ M.D. or _____ (D.O., Midwife, etc.) and address _____ Date _____	
27. Given name <u>Bureau of Vital Statistics</u> (Registrar's signature)			

State of Idaho } ss.  
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lloyd N. Hannah, being first duly sworn, say that I am related (Related to (or) acquainted with) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Anne Barton who attended said birth deceased (Is now deceased, (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this \_\_\_\_\_ day of December 1940

(SEAL)

Notary Public, residing at Probus Idaho

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

212 210 001-211

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

3042774

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH:** **DEC 20 1940**  
(a) County **Ada** (b) City **Dry Creek**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home ..... days.  
In **THIS** county **19** years ..... months ..... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State **Idaho** (b) County **Ada**  
(c) City **Dry Creek**  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? **10** yrs.  
(f) Mother's mailing address **Boise, Idaho**
3. **RESIDENCE OF FATHER** (city or town) **Dry Creek, Idaho**

4. **FULL NAME OF CHILD** **Rozina Bast**
5. Date of Birth **Sept. 10, 1883**  
(Month, day, year) .....
6. Sex **F** 7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd ..... 8. No. months of Pregnancy **9** 9. Legitimate? **yes**

- FATHER OF CHILD**
10. **FULL NAME** **Jacob H. Bast**
11. Color or Race **white** 12. Age at time of THIS birth **34** yrs.
13. Birthplace **Sheboygan, Wisconsin**  
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business .....
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** **Anna Augusta Baatz**
17. Color or Race **white** 18. Age at time of THIS birth **26** years
19. Birthplace **Denver, Colorado**  
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum **unknown**
23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **4**  
(c) Born alive and now dead **1** (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother's name) (First name) (Last name)

26. (a) **Dec. 20, 1940.** (b) **Mae G. Atwood**  
(Date received) (Registrar's signature)
27. Given name added on ..... by .....  
(Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. or .....  
(D.O., Midwife, etc.)  
and address ..... Date .....

State of **Washington** } ss.  
County of **Snohomish**

I, **Clara Caroline Boulanger**, being first duly sworn, say that I am **related to**  
**Rozina Bast** as **sister**  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **none**, who attended said-birth ..... and that this birth has not been previously recorded.  
(Name of attendant at birth)  
(Is now deceased (or) cannot be located)

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this **16th** day of **December, 1940**  
(SEAL) **Snohomish.** Notary Public, residing at .....

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

289 719 003845 RECEIVED

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **304549**

**JAN 7 1941**

# CERTIFICATE OF BIRTH

Local Reg. No. \_\_\_\_\_

STATE OF IDAHO

Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH:  
(a) County Bannock (b) City Downey  
(c) Street Address or R.F.D. No. None  
(d) Name of Hospital or Maternity Home:  
Delivery at family home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home No days.  
In THIS county 10 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Downey  
(d) Street Address or R.F.D. No. None  
(e) How long has MOTHER lived in Idaho? 10 yrs.  
(f) Mother's mailing address Downey, Idaho  
3. RESIDENCE of FATHER (city, state) Downey, Idaho

4. FULL NAME OF CHILD Lawrence Byington

5. Date of Birth (Month, day, year) Jan. 19, 1883

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

## FATHER OF CHILD

## MOTHER OF CHILD

10. FULL NAME Joseph Henry Byington  
11. Color or Race White 12. Age at time of THIS birth 20 yrs.  
13. Birthplace Huntsville Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

16. FULL MAIDEN NAME Rosetta Hunt  
17. Color or Race White 18. Age at time of THIS birth 17 yrs.  
19. Birthplace Huntsville, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Unoccupied  
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown  
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Nine  
(c) Born alive and now dead 15 (d) Stillborn One

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) Jan. 7, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by Mae G. Atwood (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_ (D.O., Midwife, etc.)

State of California  
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosetta Byington, being first duly sworn, say that I am related to Lawrence Byington as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Abigail Coffin (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Rosetta Byington Signature  
1427 No. Tringley Street, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me on this 6th day of January, 1941  
(SEAL) Charles E. Shover Notary Public, residing at Los Angeles, California

My Commission Expires Dec. 27, 1944.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Jan. 15, 1941. E.W.



STATE OF CALIFORNIA  
County of Los Angeles

ss.

(N. Y.)

I, L. E. LAMPTON, County Clerk and Clerk of the Superior Court of the State of California, in and for said County, the same being a court of record of the aforesaid County, having by law a seal, do hereby certify that

Charles G. Thomasset, whose name is subscribed to the attached certificate of acknowledgment, proof or affidavit, was at the time of taking said acknowledgment, proof or affidavit, a Notary Public IN AND FOR LOS ANGELES COUNTY, duly commissioned and sworn and residing in said County, and was, as such, an officer of said State, duly authorized by the laws thereof to take and certify the same, as well as to take and certify the proof and acknowledgment of deeds and other instruments in writing to be recorded in said State, and that full faith and credit are and ought to be given to his official acts; that the impression of his official seal is not required by law to be filed in the office of the County Clerk; I further certify that I am well acquainted with his handwriting and verily believe that the signature to the attached certificate is his genuine signature, and further that the annexed instrument is executed and acknowledged according to the laws of the State of California.

IN Witness Whereof, I have hereunto set my hand and affixed the seal of said Superior Court

this 6 day of January, 1941

L. E. LAMPTON,

County Clerk and Clerk of the Superior Court of the State  
of California, in and for the County of Los Angeles.

By A. H. Warrhess, Deputy.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

REC. 10

MAR 19 1941

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

308376

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH County of <u>ONEIDA</u> City of <u>none</u> No. <u>11</u> St. <u>(Travelling thru county)</u> (If born in hospital or institution give name.)		Registration District No. _____ State File No. _____ Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>ALBERT MARION GARLAND</u>			
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>
8. Date of birth <u>May 8th 1883</u> (Month, Day, Year)			
9. Full name <u>FATHER JASPER GARLAND</u>		18. Full maiden name <u>MOTHER EVA HOLBROOK</u>	
10. Residence (usual place of abode) <u>NOW DECEASED</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>NOW DECEASED</u> (If non-resident, give place and State)	
11. Color or race <u>White</u>		12. Age at last birthday <u>36</u> (years)	
13. Birthplace (city or place) (State or Country) <u>State of Louisiana</u>		22. Birthplace (city or place) (State or Country) <u>Jackson Parish State of Louisiana</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stock Raising</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work <u>all</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>unknown</u>		28. Number of children of this mother (At time of this birth and including this child) <u>five</u> (a) Born alive and now living <u>three</u> (b) Born alive but now dead <u>one</u> (c) Stillborn <u>one</u>	
29. If stillborn, period of gestation <u>seven months</u> { months or weeks		30. Cause of stillbirth { Before labor <u>X</u> During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE ~~XXXX~~ on the date above stated.  
(Born Alive or Stillborn)

(Signed) Mrs. G. S. Martha McDermott  
or \_\_\_\_\_  
Address 204 So. Methow Street, Keneshaw Wash  
Filed 3-19-41, 193. M. and J. Eider

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_



719-108.036-863

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Washington

County of Chelan

### AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

✓ MRS. (C.S.) MARTHA McDONOUGH nee MARTHA MINNIE-LEE GARLAND (Age 64) being first duly sworn says that

M. McD. is the SISTER of (A.M.) ALBERT MARION GARLAND M. McD.  
(Relationship of child)\*

born May 8th 1883 at ONEIDA COUNTY, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that A. M. GARLAND desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said ALBERT MARION GARLAND

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that UNKNOWN, M. D., was the

medical attendant at the birth of said ALBERT MARION GARLAND and that

the said medical attendant is CANNOT BE ACCOUNTED FOR  
(Now deceased (or) cannot be located)

Name of Affiant Mrs. L. S. Martha McDough,

P. O. Address 204 So. Methow Street, Wenatchee,

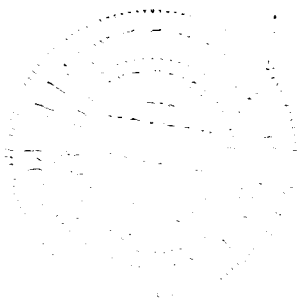
Subscribed and sworn to before me this 17th day of March Washington, 1941

M. D. Van derwater  
Notary Public.

Residing at Wenatchee, Washington, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

cc 3/25/11 JMM



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

231-220-007219.0  
MAR 27 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

309517

State File No.....  
Local Reg. No.....  
Reg. Dist. No. 410

1. **PLACE OF BIRTH:**  
(a) County Blaine (b) City Bellevue  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home.....days.  
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State Idaho (b) County Blaine  
(c) City Bellevue  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 6 yrs.  
(f) Mother's mailing address Bellevue, Idaho  
3. **RESIDENCE OF FATHER** (city, state) Bellevue, Idaho

4. **FULL NAME OF CHILD** Jessie Blanche Stanton

5. Date of Birth (Month, day, year) 9-20-1883

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

**MOTHER OF CHILD**

10. **FULL NAME** Clark Towne Stanton  
11. Color White 12. Age at time of THIS birth 26 yrs.  
13. Birthplace unknown Indiana  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farm

16. **FULL MAIDEN NAME** Ella Amanda Garrett  
17. Color or Race white 18. Age at time of THIS birth 23 years  
19. Birthplace Salem Oregon  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno 3  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1  
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive 3P M. on the date March 26 and at the place stated above, and that personal particulars were furnished by Clark T. Stanton, who is related to this child as father (First name) (Last name)

26. (a) 3-17-1941 (b) Robert H. Wright  
(Date received) (Registrar's signature)

25. Attendant's **OWN signature**..... M.D. or (D.O., Midwife, etc.)  
and address Date

27. Given name added on..... by.....  
(Registrar's signature)

State of Idaho }  
County of Jerome } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clark T. Stanton, being first duly sworn, say that I am related of Jessie Blanche Stanton as father (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 26th day of March 1941

(SEAL)

Notary Public, residing at Jerome, Idaho

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

44-11141-174



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
MAR 25 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

309541

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH:**  
(a) County.....Idaho..... (b) City.....Mt. Idaho.....  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home.....days.  
In **THIS** country.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State.....Idaho..... (b) County.....Idaho.....  
(c) City.....Mt. Idaho.....  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho?.....12.....yrs.  
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD**.....Marcus George Case.....
5. Date of Birth (Month, day, year).....Aug. 4, 1883.....
6. Sex.....Male..... 7. Twin or Triplet..... If so—born 1st, 2nd, 3rd..... 8. No. months of Pregnancy..... 9. Legitimate?.....Yes.....

- FATHER OF CHILD**
10. **FULL NAME**.....Charles William Case.....  
11. Color..... or Race.....White..... 12. Age at time of THIS birth.....51.....yrs.  
13. Birthplace..... (City or town)..... (State or foreign country).....  
14. Exact Occupation.....Politician & Rancher.....  
15. Industry or Business.....
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME**.....Elizabeth Surridge.....  
17. Color..... or Race.....White..... 18. Age at time of THIS birth.....35.....years  
19. Birthplace.....London, England..... (City or town)..... (State or foreign country).....  
20. Exact Occupation.....  
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....  
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

26. (a).....March 25, 1941..... (b).....Mabel G. Elder.....  
(Date received) (Registrar's signature)
25. Attendant's **OWN** signature.....M.D. or.....  
(D.O., Midwife, etc.)  
and address.....Date.....

State of.....Washington..... } ss.  
County of.....King.....

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, N. Mac Sarweide, being first duly sworn, say that I am.....related to.....  
Marcus George Case as.....Cousin..... (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....Julia Surridge....., who attended said birth.....is now deceased.....and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this.....11th.....day of.....January.....1941.....

(SEAL)

Notary Public, residing at.....Seattle, Wash......

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

cc H/11/11 RME



Notary Public, residing at Phoenix

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

754 208-025-219

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 5 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313336**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>Cowboy</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. <u>Cowboy</u> (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address: _____	
<b>4. FULL NAME OF CHILD</b> <u>Elva May Pedigo</u>		<b>5. Date of Birth</b> (Month, day, year) <u>Feb. 8, 1883</u>	
<b>6. Sex</b> <u>girl</u>		<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____	
<b>8. No. months of Pregnancy</b> <u>9</u>		<b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Edward Asel Pedigo</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>98</u> yrs. <b>13. Birthplace</b> <u>not known Iowa</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Mary Ann Bales</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>34</u> yrs. <b>19. Birthplace</b> <u>not known Mo.</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>10</u> (b) Born alive and now living <u>5</u> (c) Born alive and now dead <u>9</u> (d) Stillborn <u>none</u>			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
<b>26. (a)</b> JUN 5 1941 (Date received) <b>27. Given name added on</b> _____ by _____ (Registrar's signature)		<b>25. Attendant's OWN signature</b> _____ M.D. and address _____ (D.O., Midwife, etc.) Date _____	

State of WASHINGTON,  
County of COWLITZ. } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rebecca Pedigo Jackson, being first duly sworn, say that I am related to Elva May Pedigo as Sister (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_, who attended said birth is now deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 18th day of April, 1941.  
(SEAL) Rebecca Pedigo Jackson Signature  
Notary Public, residing at Castle Rock, Wash. P. O. Address \_\_\_\_\_

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318 105 035-514

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313361

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH *MayPene*

(a) County *Idaho* (b) City *Kendrick*

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:  
*Residence*

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county *2* years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State *Idaho* (b) County *Idaho*

(c) City *Kendrick* *MayPene*

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? *5* yrs.

(f) Mother's mailing address *Kendrick, Idaho*

3. RESIDENCE of FATHER (city, state)

5. Date of Birth  
(Month, day, year) *Feb. 5, 1883*

4. FULL NAME OF CHILD *Mason Alva Taylor*

6. Sex *Male* 7. Twin or *single* If so—born  
Triplet *birth* 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? *Yes*

FATHER OF CHILD

10. FULL NAME *Wright Taylor*

11. Color or Race *white* 12. Age at time of THIS birth *23* yrs.

13. Birthplace *Wagontrain somewhere in Texas*  
(City or town) (State or foreign country)

14. Exact Occupation *Farming*

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME *Sarah Melvina Vaughn*

17. Color or Race *white* 18. Age at time of THIS birth *16* yrs.

19. Birthplace *Oregon*  
(City or town) (State or foreign country)

20. Exact Occupation *Housewife*

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child *1* (b) Born alive and now living *ones*  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) *JUN 6 1941* (Mother, etc.) *Midwife not living.*

(Date received) (b) *Label F. Elder* 25. Attendant's

27. Given name added on \_\_\_\_\_ by *Label F. Elder* OWN signature \_\_\_\_\_ M.D.  
(Registrar's signature) and address \_\_\_\_\_ (D.O., Midwife, etc.)  
Date \_\_\_\_\_

State of *Oregon* }  
County of *Columbia* } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, *Sarah Melvina Vaughn Taylor* being first duly sworn, say that I am *related to* (Related to (or) acquainted with)  
*Mason Alva Taylor* as *his mother* whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Mary Ann Taylor* (Name of attendant at birth)

said birth *is now deceased* and that this birth has not been previously recorded. *Taylor*  
(Is now deceased (or) cannot be located) *Sarah Melvina Vaughn* Signature

*St. Helens, Oregon. Box 254* P. O. Address

Subscribed and sworn to before me on this *4th* day of *June*, 19 *41*.

(SEAL)

*St. A. Childs* Notary Public, residing at *St. Helens, Ore.*

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



331-221001-313

314807

United States  
Department of Commerce  
Bureau of Census

JUN 21 1941

Ensure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County Ada (b) City Near Star  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home \_\_\_\_\_ days.

IN THIS county 22 years month \_\_\_\_\_ days \_\_\_\_\_

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Near Star  
(d) Street Address or R.F.D. No. 2230  
(e) How long has MOTHER lived in Idaho? 22 yrs.  
(f) Mother's mailing address New Meadows

3. RESIDENCE of FATHER (city, state) Deceased

5. Date of Birth  
(Month, day, year) 11-21-1883

4. FULL NAME OF CHILD Nettie May Clark

6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George W. Clark  
11. Color or Race White 12. Age at time of THIS birth 32 yrs.  
13. Birthplace Des Moines Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \_\_\_\_\_

MOTHER OF CHILD

16. FULL MAIDEN NAME Vina E. Clark  
17. Color or Race White 18. Age at time of THIS birth 30 yrs.  
19. Birthplace Quincy Illinois  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6  
(c) Born alive and now dead 5 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE at 8:00 P M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Vina E. Clark, who is related to this child as Mother (First name) (Last name)

26. (a) JUN 21 1941 (Date received) (b) Mabel G. Guber (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

State of Idaho } ss.  
County of Adams }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vina E Clark, being first duly sworn, say that I am Related to Nettie May Clark as Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Martin, who attended said birth Deceased and that this birth has not been previously recorded. (Name of attendant at birth)  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 19th day of June, 1941

(SEAL)

E. Johnson

Notary Public, residing at New Meadows

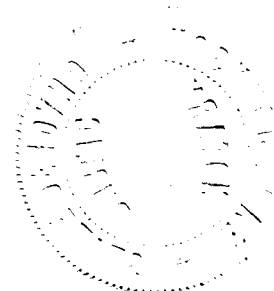
Vina E Clark Signature  
New Meadows - Idaho P. O. Address

SEP 7 1967

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of Census

JUL 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

315274  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County Canyon (b) City Caldwell  
(c) Street Address or R.F.D. No. West 9 Caldwell  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon  
(c) City Caldwell (west 9)  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 35 yrs.  
(f) Mother's mailing address 1818 1/2 Wash. Bone

3. RESIDENCE of FATHER (city, state) (dead)

4. FULL NAME OF CHILD

Ada Ethel Froman

5. Date of Birth

(Month, day, year) Nov. 9 - 1883

6. Sex female

7. Twin or Triplet \_\_\_\_\_

If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

George Winslow Froman

11. Color or Race white

12. Age at time of THIS birth 22 yrs.

13. Birthplace Near St. Louis Missouri

(City or town) (State or foreign country)

14. Exact Occupation farming

15. Industry or Business \_\_\_\_\_

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Ada Bowman

17. Color or Race white

18. Age at time of THIS birth 18 yrs.

19. Birthplace West Prairie State Idaho

(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living \_\_\_\_\_  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2 A.M. on the date \_\_\_\_\_ (born alive, stillborn) \_\_\_\_\_  
and at the place stated above, and that personal particulars were furnished by Mary Ada Froman, who is related to this child as Mother (First name) (Last name)

26. (a) July 7 - 1941 (Date received) (b) Mary A. Froman (Registrar's signature)

Attendant's

OWN signature

M.D.

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

and address

(D.O., Midwife, etc.)  
Date

State of Idaho }  
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ada Froman, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Ada Ethel Froman as \_\_\_\_\_ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_ (Name of attendant at birth), who attended said birth \_\_\_\_\_ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mrs Mary A. Froman 1818 1/2 Wash. Bone  
Bismarck, N.D.  
Signature \_\_\_\_\_  
O. Address \_\_\_\_\_

Subscribed and sworn to before me on this 5<sup>th</sup> day of July 1941

(SEAL)

RW Adams Justice of the Peace, residing at Boise

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State/Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of Census

483-121-000-466  
AUG 4 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

317175  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (a) County <u>Bingham</u> (b) City <u>Shelley</u> (c) Street Address or R.F.D.No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. <u>Home</u> IN THIS county _____ years _____ month _____ days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Shelley</u> (d) Street Address or R.F.D.No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>15</u> yrs. (f) Mother's mailing address <u>Shelley</u>	
<b>4. FULL NAME OF CHILD</b> <u>Andrew Willard Hult</u> 6. Sex <u>Male</u> 7. Twin or Triplet <input checked="" type="checkbox"/> If so—born 1st, 2nd, 3rd _____		5. Date of Birth (Month, day year) <u>May 21, 1943</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
<b>FATHER OF CHILD</b> 10. FULL NAME <u>Peter Hult</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Sweden</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		<b>MOTHER OF CHILD</b> 16. FULL MAIDEN NAME <u>Helen Moore</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>17</u> yrs. 19. Birthplace <u>Hooper Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Sol Ag 803</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>0</u> (b) Born alive and now living <u>0</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
26. (a) <u>Aug 4-1941</u> (Date received) (b) <u>Mabel H. Eddy</u> (Mother, etc.) (Registrar's signature)		25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)	
27. Given name added on _____ by _____ (Registrar's signature)		and address _____ Date _____	

State of Idaho } ss.  
County of Bingham

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Richard Mitchell, being first duly sworn, say that I am related (Related to (or) acquainted with)  
Andrew Willard as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a Mrs. Hyatt (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 31st day of July, 1941,  
(SEAL) A. J. Christensen Notary Public, residing at Shelley, Idaho.

8/12/41

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

386 227 008 194

# 318731 318731

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

AUG 22 1941

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH**

(a) County Boise (b) City Quartzburg  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. .... days.  
IN THIS county years month days

**2. USUAL RESIDENCE of MOTHER (At time of this birth)**

(a) State Idaho (b) County Boise  
(c) City Quartzburg  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 16 yrs.  
(f) Mother's mailing address Quartzburg

**3. RESIDENCE of FATHER (city, state)** Quartzburg Idaho

**4. FULL NAME OF CHILD** Bessie Thompson

5. Date of Birth  
(Month, day year) March 27, 1883

6. Sex Female 7. Twin or Triplet - If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Frank Thompson  
11. Color or Race White 12. Age at time of THIS birth 53 yrs.  
13. Birthplace Cristiansan, Norway  
(City or town) (State or foreign country)  
14. Exact Occupation Mining  
15. Industry or Business .....

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Margaret Armbruster  
17. Color or Race White 18. Age at time of THIS birth 35 yrs.  
19. Birthplace (near) Dusseldorf, Germany  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4  
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

26. (a) AUG 22 1941 (b) Margaret H. Eefer 25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)  
(Date received) (Registrar's signature) and address ..... Date  
27. Given name added on ..... by .....  
(Registrar's signature)

State of Idaho } ss.  
County of Gem

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Katherine Peterson, being first duly sworn, say that I am related (Related to (or) acquainted with) Bessie Thompson as sister (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rothwell (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Katherine Peterson Signature  
Emmett, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of August 1941  
(SEAL) Emmett, Idaho Notary Public, residing at Emmett, Idaho

My comm expires 9/13/43.

8-27-41

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-111 045-652

321367

United States (Be sure the information is as of date of birth of THIS child) State File No. ....  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. ....  
Bureau of Census OCT 1 1941 STATE OF IDAHO Reg. Dist. No. ....

1. PLACE OF BIRTH (a) County Alturas (b) City Bellevue  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. .... days.  
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Alturas  
(c) City Bellevue  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 3 yrs.  
(f) Mother's mailing address. ....

3. RESIDENCE of FATHER (city, state) Bellevue

4. FULL NAME OF CHILD William Benjamin Robinson 5. Date of Birth (Month, day year) May 11 1883  
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Ephraim James Robinson 16. FULL MAIDEN NAME Martha Ellen Webb  
11. Color or Race White 12. Age at time of THIS birth 36 yrs. 17. Color or Race White 18. Age at time of THIS birth 31 yrs.  
13. Birthplace Indiana (City or town) (State or foreign country) 19. Birthplace Missouri (City or town) (State or foreign country)  
14. Exact Occupation Carpenter 20. Exact Occupation DressMaker  
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3  
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 615 A M. on the date Oct 1 1941 and at the place stated above, and that personal particulars were furnished by Catherine Robinson, who is related to this child as Grandmother Family bible records (First name) (Last name)

26. (a) OCT 1 1941 (b) Martha E. Webb 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)  
(Date received) (Registrar's signature) and address Date  
27. Given name added on by William Benjamin Robinson (Registrar's signature)

State of Oregon County of Malheur ss.  
I, Wm. Ben. Robinson, being first duly sworn, say that I am Cousin (Related to (or) acquainted with) William Benjamin Robinson as Cousin (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Snow (Name of attendant at birth) who attended said birth Deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 11th day of September, 1941  
(SEAL) My Comm. Exp. Feb 1-1943 Notary Public, residing at Portland  
Signature L. E. Emmott  
P. O. Address Portland, Oregon

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793 220044 795

321571

United States (Be sure the information is as of date of birth of THIS child) State File No. \_\_\_\_\_  
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. \_\_\_\_\_  
 Bureau of Census OCT 9 1941 STATE OF IDAHO Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (a) County Washington (b) City Threaser  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Name of Hospital or Maternity Home: Born at the family residence  
 (e) Mother's stay BEFORE delivery: \_\_\_\_\_  
 In Hosp. or Mat. Home \_\_\_\_\_ days.  
 IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
 (a) State Idaho (b) County Franklin  
 (c) City Threaser  
 (d) Street Address or R.F.D. No. \_\_\_\_\_  
 (e) How long has MOTHER lived in Idaho? \_\_\_\_\_ yrs.  
 (f) Mother's mailing address \_\_\_\_\_

3. RESIDENCE of FATHER (city, state) \_\_\_\_\_

4. FULL NAME OF CHILD Sarecta Belle Gilderoy  
 5. Date of Birth (Month, day year) Nov 20, 1883  
 6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd \_\_\_\_\_  
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME William Gilderoy 16. FULL MAIDEN NAME Sarecta Jane Piercey  
 11. Color White 12. Age at time of THIS birth 51 yrs. 17. Color White 18. Age at time of THIS birth 33 yrs.  
 13. Birthplace Petersburg Virginia (City or town) (State or foreign country) 19. Birthplace Mt Vernon Illinois (City or town) (State or foreign country)  
 14. Exact Occupation Farmer 20. Exact Occupation Housewife  
 15. Industry or Business \_\_\_\_\_ 21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
 23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living 4  
 (c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) \_\_\_\_\_ (Date received) (b) Mabel Heider (Mother, step, registrar's signature)  
 27. Given name and age \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)  
 25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
 and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
 County of Washington }  
G. E. Gilderoy, being first duly sworn, say that I am \_\_\_\_\_ (Name of person on certificate above) \_\_\_\_\_ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 127, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_ (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.  
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 30th day of September, 1941.  
 (SEAL) Jos. I. Galtzke Notary Public, residing at Walter Idaho  
 Signature \_\_\_\_\_ P. O. Address \_\_\_\_\_

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249 205008 659

# 321631 321631

United States (Be sure the information is as of date of birth of THIS child) State File No. \_\_\_\_\_  
Department of Commerce OCT 17 1941 CERTIFICATE OF BIRTH Local Reg. No. \_\_\_\_\_  
Bureau of Census STATE OF IDAHO Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH RECEIVED  
(a) County Boise (b) City Idaho City  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county 3 years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Boise  
(c) City Idaho City  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 5 yrs.  
(f) Mother's mailing address Idaho City, Idaho

3. RESIDENCE of FATHER (city, state) Idaho City

4. FULL NAME OF CHILD Sophia Isidora Smith 5. Date of Birth \_\_\_\_\_  
(Month, day year) May 5, 1883

6. Sex Female 7. Twin or Triplet --- If so—born 1st, 2nd, 3rd \_\_\_\_\_ 8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Isidor Smith 16. FULL MAIDEN NAME Hannah Weiler  
11. Color or Race White 12. Age at time of THIS birth 31 yrs. 17. Color or Race White 18. Age at time of THIS birth 25 yrs.  
13. Birthplace Germany (City or town) (State or foreign country) 19. Birthplace New York, N.Y. (City or town) (State or foreign country)  
14. Exact Occupation \_\_\_\_\_ 20. Exact Occupation Housewife  
15. Industry or Business \_\_\_\_\_ 21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead -- (d) Stillborn -----

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) OCT 17 1941 (b) Mary J. Tipton 25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
(Date received) (Registrar's signature)  
27. Given name RECEIVED on \_\_\_\_\_ by \_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_  
(Registrar's signature)

State of Idaho } ss.  
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Gertrude Tipton, being first duly sworn, say that I am acquainted with Sophia Isidora Smith as an acquaintance (Related to (or) acquainted with) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. Zipf (Name of attendant at birth), who attended said birth is deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 17th day of October, 1941  
(SEAL) Mary J. Tipton Probate Judge Notary Public, residing at \_\_\_\_\_  
Ada County, Idaho.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

752-218-035-745

321781

United States (Be sure the information is as of date of birth of THIS child) State File No. ....  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. ....  
Bureau of Census *Reg. Price* OCT 15 1941 STATE OF IDAHO Reg. Dist. No. ....

1. PLACE OF BIRTH (a) County Genesee (b) City RFD Genesee  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Born at home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. .... days.  
IN THIS county 3 years month days  
2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City RFD Genesee  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 3 yrs.  
(f) Mother's mailing address Genesee, Idaho  
3. RESIDENCE of FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Belva Julietta Rekdal 5. Date of Birth (Month, day year) Nov. 18, 1883  
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Benedict Rekdal  
11. Color White 12. Age at time of THIS birth 35 yrs.  
13. Birthplace Norway  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

MOTHER OF CHILD  
16. FULL MAIDEN NAME Martha Gunderson  
17. Color White 18. Age at time of THIS birth 33 yrs.  
19. Birthplace Tronheim Norway  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead None (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name)

26. (a) OCT 15 1941 (b) Mabel E. Eley  
(Date received) (Mother, etc., Registrar's signature)  
27. Given name added on ..... by .....  
(Registrar's signature) and address Date

State of Idaho } ss.  
County of Latah }

I, Bell Hansen, being first duly sworn, say that I am acquainted with Belva Julietta Rekdal as an acquaintance  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Erang, midwife who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Bell Hansen Signature  
Genesee, Idaho P. O. Address  
Subscribed and sworn to before me on this 13th day of October 1941  
(SEAL) Notary Public, residing at Genesee, Idaho  
Comm. expires May 3, 1943

OCT 17 1941

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child, born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. NOV 4 1941 Certificate No. 321781  
 County of Latah } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Belva Julietta Rekdal who was born on 11/18/1883 <sup>(Birth or death)</sup>  
 in Genesee, Idaho <sup>(Name on original certificate)</sup> <sup>(Was born or died)</sup> <sup>(Date of event)</sup>  
Genesee, Idaho <sup>(Place of event)</sup> are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts as shown by Bible record prepared on Sept. 24, 1941, are:  
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "birth date", "cause of death", etc.)	(As on original)	(The correct facts)
<u>Date of birth</u>	<u>Nov. 18, 1882</u>	<u>Nov. 18, 1883</u>

Subscribed and sworn to before me this 1st  
 day of November, 19 41  
W. O. Spr  
 Notary Public, residing at Genesee, Idaho  
 My commission expires May 3, 1943  
 [SEAL]

Signed Mrs. Marie Michelsen  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Genesee Idaho  
 (Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This affidavit MUST also be executed.  
 County of Latah } (See Chapter 139, 1937 Idaho Session Laws.)]

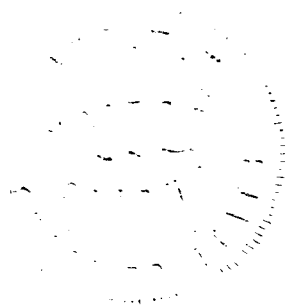
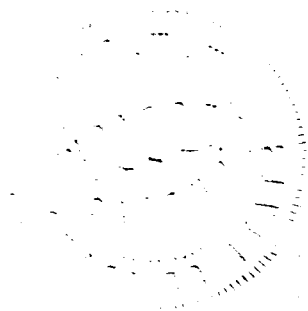
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st  
 day of November, 19 41  
W. O. Spr  
 Notary Public, residing at Genesee, Idaho  
 My commission expires May 3, 1943  
 [SEAL]

Signed Mrs. Belle Hunnan  
 (Signature of any credible person other than the previous affiant.)  
Genesee Idaho  
 (Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
 (Registrar's signature)

7-5-41



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

654-2040014-796

United States  
Department of Commerce  
Bureau of Census

OCT 29 1941

Information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

323303

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH Now Adams  
(a) County Washington (b) City Council  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: Home Mid-wife  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county 8 years 8 month \_\_\_\_\_ days
2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? \_\_\_\_\_ yrs.  
(f) Mother's mailing address \_\_\_\_\_
3. RESIDENCE of FATHER (city, state) \_\_\_\_\_

4. FULL NAME OF CHILD Elizabeth Ann Weddle  
5. Date of Birth (Month, day, year) Apr. 4, 1883
6. Sex female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? \_\_\_\_\_

- FATHER OF CHILD
10. FULL NAME David Dolan Weddle  
11. Color or Race white 12. Age at time of THIS birth 25 yrs.  
13. Birthplace Ringgold County, Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \_\_\_\_\_
- MOTHER OF CHILD
16. FULL MAIDEN NAME Sarah Francis Ghouseclose  
17. Color or Race white 18. Age at time of THIS birth 21 yrs.  
19. Birthplace Des Moines, Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation House-wife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead 2 (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) OCT 29 1941 (Date received) (b) Malv Heder (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)  
25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Washington  
County of Grays Harbor ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

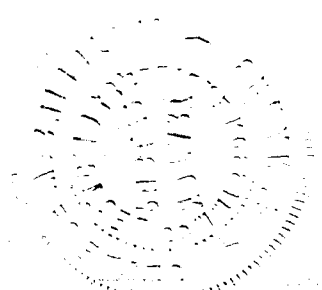
WM Linder being first duly sworn, say that related  
Elizabeth Ann Weddle as her uncle and (Related to or acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that he desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of his knowledge. unknown further state that \_\_\_\_\_, who attended said birth \_\_\_\_\_ (Name of attendant at birth) and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

WM Linder Signature  
Westport, Wash P. O. Address  
Subscribed and sworn to before me on this 22nd day of October, 1941  
(SEAL) B. Hughes Notary Public, residing at Westport, Wash

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

459 129 004 459

325014

United States

(Be sure the information is as of date of birth of THIS child)

State File No.

Department of Commerce

CERTIFICATE OF BIRTH

Local Reg. No.

Bureau of Census

NOV 24 1941

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Beauregard (b) City Montpelier  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County \_\_\_\_\_  
(c) City Montpelier  
(d) Street Address or R.F.D. No. none  
(e) How long has MOTHER lived in Idaho? 5 yrs.  
(f) Mother's mailing address Montpelier

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD

Thomas Edward Morgan

5. Date of Birth

(Month, day year) Sept 29 - 1893

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

David Charles Morgan

11. Color or Race

White

12. Age at time of THIS birth

46 yrs.

13. Birthplace

Swansea - Wales

(City or town)

(State or foreign country)

14. Exact Occupation

Engineer

15. Industry or Business

Coal mines

MOTHER OF CHILD

16. FULL MAIDEN NAME

Esther Jane Morgan

17. Color or Race

White

18. Age at time of THIS birth

36 yrs.

19. Birthplace

Swansea - Wales

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 9

(b) Born alive and now living 1

(c) Born alive and now dead 8

(d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9 P.M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_

(First name)

(Last name)

26. (a) Nov 24 - 1941 (b) Male H. E. Elder

(Date received)

(Registrar's signature)

25. Attendant's OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_

(Registrar's signature)

and address

Date

State of California } ss.  
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Venus Morgan, being first duly sworn, say that I am related (Related to (or) acquainted with) \_\_\_\_\_ as Sister-in-law (State relationship or acquaintance) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Bergeme (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Miss Venus Morgan Signature  
3432 Wescott Ave Los Angeles P.O. Address

Subscribed and sworn to before me on this 16 day of October 1941

(SEAL)

Notary Public, residing at San Diego

My Commission Expires May 13, 1942

NOV 26 1941 (2)

DEC 29 2010 -1

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

274-218-001 465

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **325090**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH**  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Mrs. Robbins  
(e) Mother's stay BEFORE delivery: Robbins  
In Hosp. or Mat. Home days  
IN THIS county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? ..... yrs.  
(f) Mother's mailing address: .....

**4. FULL NAME OF CHILD** Lulu Cassie Sims

**5. Date of Birth** (Month, day year) Nov. 18 - 1883

**6. Sex** Female **7. Twin or Triplet** 1st **8. No. months of Pregnancy** 9. Legitimate? Yes

**FATHER OF CHILD**  
**10. FULL NAME** Samuel Washington Sims  
**11. Color or Race** White **12. Age at time of THIS birth** 25 yrs.  
**13. Birthplace** Batavia Iowa  
(City or town) (State or foreign country)  
**14. Exact Occupation** Stock raising  
**15. Industry or Business** .....

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** Hattie Columbia Montgomery  
**17. Color or Race** White **18. Age at time of THIS birth** 23 yrs.  
**19. Birthplace** Nebraska  
(City or town) (State or foreign country)  
**20. Exact Occupation** .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child ..... (b) Born alive and now living .....  
(c) Born alive and now dead ..... (d) Stillborn .....

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as: .....  
(First name) (Last name)

**26. (a)** NOV-25 1941 (Date received) **(b)** Mary E. Leifer (Mother, etc.)  
(Registrar's signature)

**25. Attendant's OWN signature** Deceased **M.D.** (D.O., Midwife, etc.)  
and address ..... Date .....

**27. Given name added on** ..... by .....  
(Registrar's signature)

State of Washington } ss.  
County of SpoKane

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Samuel W. Sims, being first duly sworn, say that I am related to Lulu Cassia Sims as father  
(Name of person on certificate above) (State relationship or acquaintance)  
whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor who attended said birth is now deceased and that this birth has not been previously recorded.  
(Name of attendant at birth)

(Is now deceased (or) cannot be located)

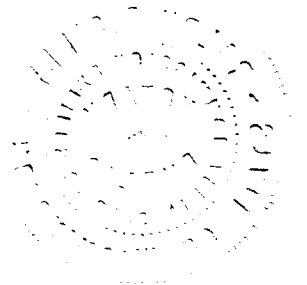
Subscribed and sworn to before me on this 19th day of November, 1941  
(SEAL) Ralph W. Sims Notary Public, residing at SpoKane  
Signature Samuel W. Sims P. O. Address SpoKane Wash

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

17-6-11





Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

291 212 047962

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941

CERTIFICATE OF BIRTH  
STATE OF IDAHO

326058  
State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Logan (b) City Bellevue  
(c) Street Address or R.F.D. No. Mr. Tamm's  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
IN THIS county 1 years 7 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Logan  
(c) City Bellevue  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 7 yrs.

4. FULL NAME OF CHILD Mauda Serena Bradley

3. RESIDENCE OF FATHER (city, state) Bellevue Idaho  
5. Date of Birth of Child  
(Month, day, year) March 12 1883

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD  
10. FULL NAME Richard Marcus Grey Bradley  
11. Color or Race white 12. Age at time of THIS birth 25 yrs.  
13. Birthplace Hartsville Tennessee  
(City or town) (State or foreign country)  
14. Exact Occupation Miner  
15. Industry or Business

MOTHER OF CHILD  
16. FULL MAIDEN NAME Susan Amanda Roby  
17. Color or Race white 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Batem Oregon  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 3 at 3 M. on the date March 12 1941  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Robert E. Roby, who is related to this child as Uncle  
(First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho  
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 58 years, and that XXXX, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

( Robert E. Roby )

Robert E. Roby Signature  
Grangeville Idaho P. O. Address

Subscribed and sworn to before me this 5 day of December, 19 41  
(SEAL) J. H. Notmille Notary Public, residing at Grangeville, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mabel E. Eiler Registrar.

DEC 19 1941

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-203 022-816

326073

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

DEC 17 1941

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Fremont (b) City .....  
(c) Street Address or R.F.D. No. Sunnydell  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Fremont  
(c) City .....  
(d) Street Address or R.F.D. No. Sunnydell

(e) How long has **MOTHER** lived in Idaho? ..... yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Emma Genevieve Hillman

5. Date of Birth of Child  
(Month, day, year) 11-3-1883

6. Sex Female 7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME John Hillman  
11. Color White 12. Age at time of THIS birth 26 yrs.  
13. Birthplace Ft. Harrison, Utah, U.S.A.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Ellice Hawley  
17. Color White 18. Age at time of THIS birth 21 yrs.  
19. Birthplace Wassuk, Blaine, Utah, U.S.A.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California  
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 28 years of age, that I have known this person for 57 years, and that Mary Robinson, who attended this birth is now deceased. I further state that .....  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ellice Hillman Signature

2282 Cambridge St., Los Angeles, California P. O. Address

Subscribed and sworn to before me this 13 day of December, 19 41

(SEAL)

Mrs. Ellice Hillman Notary Public, residing at LOS ANGELES

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires May 2, 1948

Received for filing on DEC 17 1941 by Mary H. E. E. E. Registrar.

JAN 17 1949

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-108-006-291

327268

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

DEC 22 1941

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bingham (b) City Blackfoot City  
(c) Street Address or R.F.D. No. Gen. Delivery  
(d) Name of Hospital or Maternity Home: own residence  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county two years six months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bingham  
(c) City Blackfoot City  
(d) Street Address or R.F.D. No. Gen. Delivery  
(e) How long has **MOTHER** lived in Idaho? 19 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Blackfoot City Idaho

4. **FULL NAME OF CHILD** William D. Morgan  
6. Sex Male  
7. Twin or Triplet  
If so—born 1st, 2nd, 3rd

5. Date of Birth of Child  
(Month, day, year) Nov. 8, 1883  
8. No. months of Pregnancy 9  
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Morgan  
11. Color White 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Westpoint, Missouri  
(City of town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Selenia Elizabeth Grabble  
17. Color White 18. Age at time of THIS birth 22 yrs.  
19. Birthplace Boston, Mass.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.  
County of Nevada  
state

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears  
in Item 4, above, that I am now 29 years of age, that I have known this person for 58 years, and that  
Mr. Ellen Ward (First name) (Last name), who attended this birth. (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Selenia E. Morgans Signature  
611 Roberts Reno Nevada Address

Subscribed and sworn to before me this 15th day of December, 1941  
(SEAL) Virginia Reid Notary Public, residing at 502 Wells  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Reno Nevada

Received for filing on DEC 27 1941 by Clyde A. Budge Registrar.  
My Commission Expires October 10, 1942

DEC 27 1941

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

955-120-040-191

327342

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_

DEC 17 1941

CERTIFICATE OF BIRTH

Local Reg. No. \_\_\_\_\_

STATE OF IDAHO

Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH:  
(a) County Shoshone (b) City Trazier  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: In our home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county 1 years + month + days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Shoshone  
(c) City Trazier  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? One yrs.  
(f) Mother's mailing address Trazier, Idaho  
3. RESIDENCE of FATHER (city, state) Trazier, Ida.

4. FULL NAME OF CHILD George Chester Reed

5. Date of Birth (Month, day, year) Nov. 20, 1983

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Freeman Pierce Reed  
11. Color or Race White 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Manchester Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Farming  
15. Industry or Business \_\_\_\_\_

MOTHER OF CHILD

16. FULL MAIDEN NAME Melissa Jane Adams  
17. Color or Race White 18. Age at time of THIS birth 20 yrs.  
19. Birthplace Blackhawk, Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation Farmer's wife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7  
(c) Born alive and now dead 4 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive on the date at 11 P.M. and at the place stated above, and that personal particulars were furnished by Freeman P. Reed, who is related to this child as Father (First name) (Last name)

26. (a) DEC 17 1941 (Date received) (b) Maurice L. Reed (Registrar's signature) Mother's (Attendant's)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature) Melilla L. Reed (D.O. Midwife etc.)  
R.P.D. 2 and address Box 246, Clarkston Date Feb. 27, 41

State of Washington } ss.  
County of Asotin

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Melilla L. Reed, being first duly sworn, say that I am related (Related to (or) acquainted with) George Chester Reed as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife (Name of attendant at birth), who attended said birth, deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Melilla L. Reed Signature

Subscribed and sworn to before me on this 13 day of Dec 1941

(SEAL)

O. N. Kestel Notary Public, residing at Clarkston Wash

DEC 29 1941

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 130, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





747-114 004-128

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1941

CERTIFICATE OF BIRTH  
STATE OF IDAHO

327428

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Benewah (b) City Paris  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Benewah  
(c) City Paris  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 60 yrs.

4. FULL NAME OF CHILD Joseph Smith Pugmire

5. Date of Birth of Child (Month, day, year) Apr 14-1983

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Joseph Hyrum Pugmire  
11. Color white 12. Age at time of THIS birth 50 yrs.  
13. Birthplace Paris, Pa. (City or town) (State or foreign country)  
14. Exact Occupation Stone mason  
15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha A. Ashworth  
17. Color white 18. Age at time of THIS birth 40 yrs.  
19. Birthplace Waukegan, Ill. (City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at Paris, Idaho M. on the date Apr 14-1983 (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by mother, who is related to this child as mother (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature deceased M.D. None Address None Date None

State of Idaho County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for all his life years, and that name not known who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha A. Pugmire Signature  
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of Dec 19 83  
(SEAL) Chas. E. Harris Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Martha A. Pugmire Registrar.

DEC 30 1941

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **328150**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH**

(a) County Washington (b) City xxMann's Creek  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home ..... days.  
IN THIS county ..... years ..... month ..... days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)

(a) State Idaho (b) County Washington  
(c) City Mann's Creek  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 15 yrs.  
(f) Mother's mailing address Weiser, Idaho

**3. RESIDENCE of FATHER** (city, state) same

**4. FULL NAME OF CHILD** Myrtle Faith Hitt

5. Date of Birth 8-9-1883  
(Month, day year)

6. Sex ..... 7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Amos F. Hitt  
11. Color white 12. Age at time 33  
or Race ..... of THIS birth ..... yrs.  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Exact Occupation farmer  
15. Industry or Business .....

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ida Jeannette Logan  
17. Color white 18. Age at time 25  
or Race ..... of THIS birth ..... yrs.  
19. Birthplace Omaha, Nebraska  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....  
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... , who is related to this child as .....  
(First name) (Last name)

26. (a) Jan 9 - 1942 (b) Mary Hitt  
(Date received) (Registrar's signature)  
25. Attendant's **OWN** signature ..... M.D.  
(D.O., Midwife, etc.)  
27. Given name added on ..... by ..... and address ..... Date .....

State of Idaho } ss.  
County of Ada }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Louella Poteet, being first duly sworn, say that I am related to  
Myrtle Faith Hitt as sister  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sater, who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 9th day of January, 1942  
(SEAL) [Signature]  
Notary Public, residing at Boise, Idaho

Louella Poteet Signature  
Boise, Idaho P. O. Address  
Gasman 1942  
Notary Public, residing at Boise, Idaho

DEC 9 6 33

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 7 1942 249122 255 385

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_

# CERTIFICATE OF BIRTH

Local Reg. No. \_\_\_\_\_

STATE OF IDAHO

Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (a) County <u>Idaho</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>Home</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. <u>Home Residence</u> In THIS county <u>6</u> years <u>6</u> month _____ days.		<b>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</b> (a) State <u>Idaho</u> (b) County <u>Franklin</u> (c) City <u>Moscow</u> <u>Idaho</u> (d) Street Address or R.F.D. No. <u>Second St.</u> (e) How long has MOTHER lived in Idaho? <u>6 1/2</u> yrs. (f) Mother's mailing address. <u>Moscow, Idaho</u>	
<b>4. FULL NAME OF CHILD</b> <u>Charles Sumner Smith Jr</u>		<b>5. Date of Birth</b> (Month, day, year) <u>Dec 22/83</u>	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> <u>Single</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Charles Sumner Smith</u>		<b>16. FULL MAIDEN NAME</b> <u>Lena May Tennyson</u>	
<b>11. Color or Race</b> <u>white</u>		<b>17. Color or Race</b> <u>white</u>	
<b>12. Age at time of THIS birth</b> <u>36</u> yrs.		<b>18. Age at time of THIS birth</b> <u>23</u> yrs.	
<b>13. Birthplace</b> <u>Bilmerston New Hampshire</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Anoka Minn.</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Clerk</u>		<b>20. Exact Occupation</b> <u>housewife</u>	
<b>15. Industry or Business</b> <u>General Merchandise Store</u>		<b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>6</u> (c) Born alive and now dead <u>1</u> (d) Stillborn _____			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was <u>alive</u> at <u>9 A.</u> M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Lena Smith</u> , who is related to this child as <u>mother</u> (First name) (Last name) (Mother, etc.)			
<b>26. (a)</b> <u>JAN 7 1942</u> (Date received)		<b>25. Attendant's OWN signature</b> <u>Heccessed</u> M.D. (b) <u>Mary E. Coates</u> (Registrar's signature) (D.O., Midwife, etc.)	
<b>27. Given name added on</b> _____ <b>by</b> _____ (Registrar's signature)		<b>and address</b> _____ <b>Date</b> _____	

State of Calif.  
County of Orange ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena May Smith, being first duly sworn, say that I am mother of  
Charles Sumner Smith Jr as mother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that He Reader, who attended  
said birth. Heccessed (Name of attendant at birth)  
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 231- day of December, 1941  
(SEAL) Mary E. Coates Notary Public, residing at 701 W. Harding Monterey Park, Calif.  
My commission expires NOV 17-1944 Calif

Signature  
P. O. Address

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 19 1942

659-1181 006-695

329109

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

JAN 15 1942

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bingham (b) City Blackfoot  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months 30 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Butte  
(c) City Arco  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**4. FULL NAME OF CHILD** ARTHUR LESLIE FERRIS  
**6. Sex** Male **7. Twin or Triplet** If so—born 1st, 2nd, 3rd

**3. RESIDENCE OF FATHER** (city, state) Same Arco Ida  
**5. Date of Birth of Child** (Month, day, year) Oct. 18, 1883  
**8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

**FATHER OF CHILD**  
**10. FULL NAME** GEORGE EDNOUGH FERRIS  
**11. Color or Race** White **12. Age at time of THIS birth** 29 yrs.  
**13. Birthplace** Vergeens New York  
(City or town) (State or foreign country)  
**14. Exact Occupation** Merchant  
**15. Industry or Business** General Store

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** Jennie Letha Freeman  
**17. Color or Race** White **18. Age at time of THIS birth** 17 yrs.  
**19. Birthplace** Paw Paw, Michigan  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** Keeping Home

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** None  
**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name)  
(Mother, etc.)  
**25. Attendant's OWN signature** M.D. Midwife **Address** State of California **Date** Los Angeles

State of California } ss.  
County of Los Angeles

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for all his life, and that Mrs. Criswell who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James W. Powell Signature  
1528 Rose Ave., Long Beach, California P. O. Address

Subscribed and sworn to before me this 10th day of January, 1942.  
(SEAL) Elizabeth C. Hunt Notary Public, residing at Long Beach

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 15 1942 by Mary J. Eder Registrar.

JAN 22 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



445710-032-443

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
JAN 23 1942 CERTIFICATE OF BIRTH  
STATE OF IDAHO

331173

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>LEMHI</u> (b) City <u>SALMON</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>AT RESIDENCE</u> (e) Mother's stay BEFORE delivery: <u>DONT KNOW</u> IN THIS county <u>8</u> years months <u>✓</u> days <u>✓</u>		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>LEMHI</u> (c) City <u>SALMON</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>38</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>ROBERT DUNLAP</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>SALMON IDA.</u>	
<b>6. Sex</b> <u>MALE</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>FEB. 10<sup>th</sup> 1883</u>	
<b>7. Twin or</b> <u>TWIN</u> <b>If so—born</b> <u>Triplet</u> <u>FIRST</u> <u>1st, 2nd, 3rd</u>		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>YES</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>ROBERT DUNLAP</u> <b>11. Color</b> <u>WHITE</u> <b>12. Age at time of THIS birth</b> <u>45</u> yrs. <b>13. Birthplace</b> <u>NEW YORK N.Y.</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>JEWELER</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>MINNIE RUTAH</u> <b>17. Color</b> <u>WHITE</u> <b>18. Age at time of THIS birth</b> <u>21</u> yrs. <b>19. Birthplace</b> <u>COUNCIL BLUFFS, IOWA</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....  
**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 2

### ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is  
 related to this child as.....  
 (Mother, etc.) (First name) (Last name)

**25. Attendant's**  
**OWN signature** Idaho **M.D.** **Midwife** **Address** **Date**  
 State of.....  
 County of Idaho Lemhi } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 50 years, and that dont know, who attended this birth. I further state that  
 (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. O. Smith Signature  
Salmon, Idaho, P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942.  
 (SEAL) W. W. Thompson Clerk of the Dist. Court, Salmon, Idaho, residing at Salmon, Idaho.  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by M. O. Smith, Registrar.

123 142

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-123008-352

331701

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child).

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**FEB 6 1947**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Boise (b) City Garden Valley  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

**4. FULL NAME OF CHILD**

John Nicholas Wetzel

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Boise  
(c) City Garden Valley  
(d) Street Address or R.F.D. No. ....

(e) How long has **MOTHER** lived in Idaho? .....

**3. RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child  
(Month, day, year) 12/28/1883

8. No. months of Pregnancy

9. Legitimate? 23

**10. FULL NAME**

Nicholas Wetzel

11. Color

White

12. Age at time

of THIS birth.....yrs.

13. Birthplace

(City or town)

(State or foreign country) Germany

14. Exact

Occupation

Farmer

15. Industry or

Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Mary Lehnweber

17. Color

White

18. Age at time

of THIS birth.....yrs.

19. Birthplace

(City or town)

(State or foreign country) Germany

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5..... (b) Born alive and now living 2.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the 'date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of.....  
County of.....} ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears

in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

....., who attended this birth..... I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1947 by Mary Lehnweber, Registrar.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

I W J Mills a resident of Garden Valley  
Idaho, 70 years of age, hereby certify that to my personal  
knowledge on December 23, 1883 a son John Nicholas Wetzel was born  
to Nicholas and Mary Wetzel at Garden Valley, Boise County, State  
of Idaho

W J Mills

Subscribed and sworn to before me this 26 day of January  
A.D. 1942 at Grimes Pass, Idaho

Rea B. Wallace

My commission expires. June - 26 - 1945

Notary Public residing at Grimes Pass Idaho

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I Margaret Tucker a resident of Garden Valley  
Idaho, 70 years of age, hereby certify that to my personal  
knowledge on December 23, 1883 a son John Nicholas Wetzel was born  
to Nicholas and Mary Wetzel at Garden Valley, Boise County, State  
of Idaho

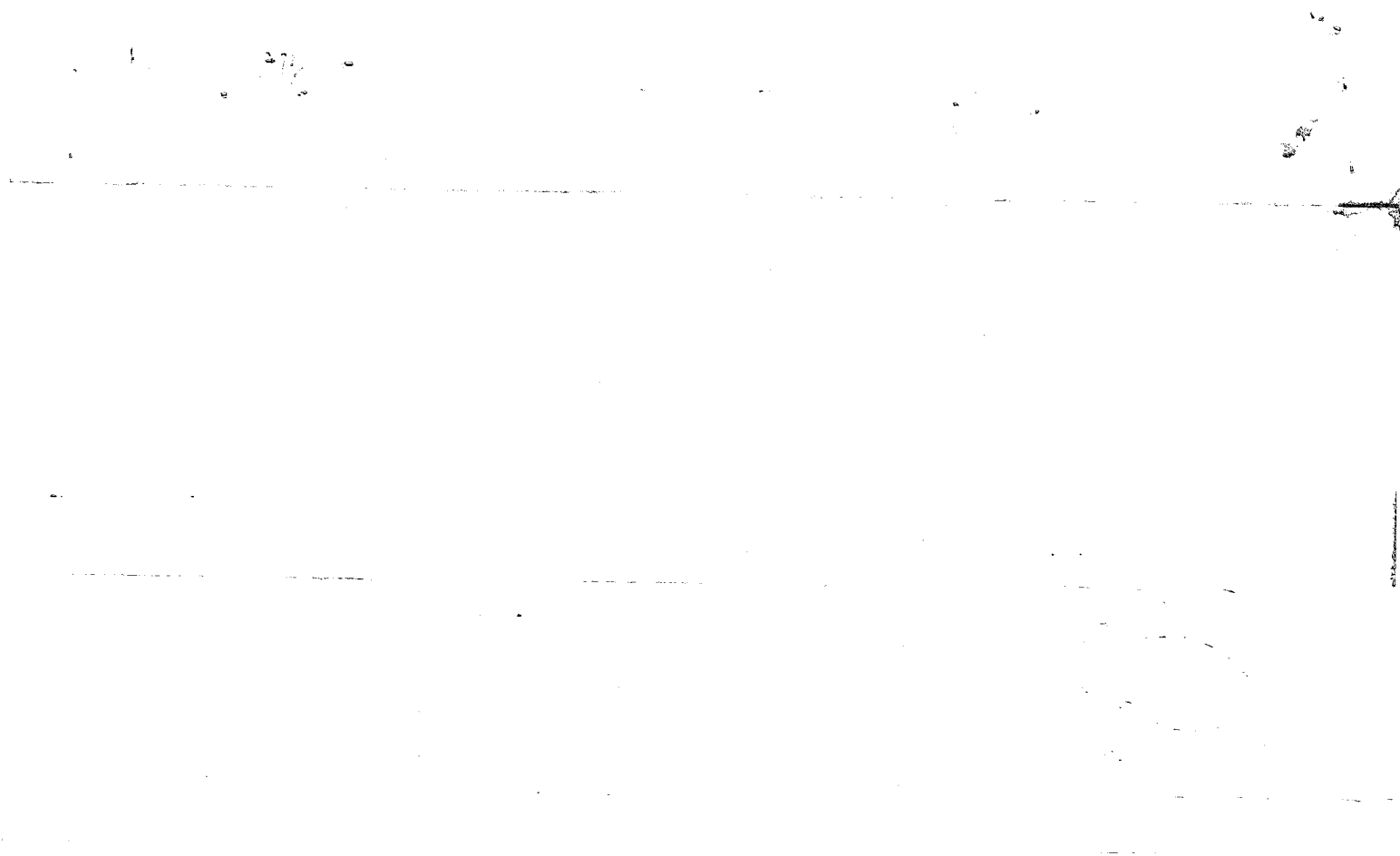
Margaret Tucker

Subscribed and sworn to before me this 26 day of January  
A.D. 1942 at Grimes Pass, Idaho

Reade Wallace

My commission expires. June 26 - 1945

Notary Public Residing at Grimes Pass Idaho





Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

123-101-004-314

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**FEB 5 1942** CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. **332135**  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Bear Lake (b) City Montpelier  
(c) Street Address or R.F.D. No. -----  
(d) Name of Hospital or Maternity Home: -----  
(e) Mother's stay BEFORE delivery:  
IN THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Montpelier  
(d) Street Address or R.F.D. No. -----  
(e) How long has MOTHER lived in Idaho? 28 yrs.  
3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD Oliver Francis Astle  
6. Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

5. Date of Birth of Child Aug. 1, 1883  
(Month, day, year)  
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Francis Thomas Astle  
11. Color White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Nottinghamshire, England  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

MOTHER OF CHILD  
16. FULL MAIDEN NAME Mercy Jane Campbell  
17. Color White 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Ogden, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Home maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum. -----  
23. Number of children of this mother: (a) At time of birth and including this child. 2 (b) Born alive and now living. 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of California  
County of Los Angeles ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the 2nd Cousin of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 55 years, and that Mrs. Hillier who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Mother and father are now deceased

1329 West 1st St. Los Angeles, Calif. Signature \_\_\_\_\_ P. O. Address \_\_\_\_\_

Subscribed and sworn to before me this 31 day of JANUARY 1942  
(SEAL) Charles McCastle Notary Public, residing at Los Angeles California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

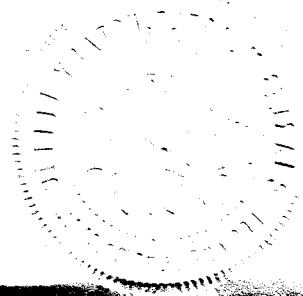
Received for filing on FEB 5 1942 by Marj K. Fisher Registrar.

FEB 13 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



343-129-008-635

332184

FEB 14 1942

332184

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Boise (b) City Placerville  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Boise  
(c) City Placerville  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 53 yrs.  
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Bulloch Tucker

5. Date of Birth of Child  
(Month, day, year) April 29, 1888

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME George Tucker  
11. Color or Race White 12. Age at time of THIS birth 48 yrs.  
13. Birthplace ENGLAND  
(City or town) (State or foreign country)  
14. Exact Occupation Miner  
15. Industry or Business

MOTHER OF CHILD  
16. FULL MAIDEN NAME Vianna Flecher  
17. Color or Race White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace DALES OREGON  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Midwife Address Date

State of Idaho County of Boise }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4 above, that I am now 75 years of age, that I have known this person for 58 years, and that Dr. W. F. Rothwell, who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thos. J. Hall Signature  
Placerville, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of Feb  
(SEAL) J. H. Rothwell Notary Public, residing at Placerville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

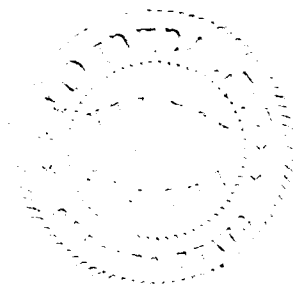
Received for filing on FEB 14 1942 by Idaho Registrar.

FEB 14 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. **332360**  
Local Reg. No. ....  
Reg. Dist. No. ....

**CERTIFICATE OF BIRTH FEB 11 1942**  
**STATE OF IDAHO**

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County... IDAHO (b) City... CATTANWOOD  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: NONE  
(e) Mother's stay BEFORE delivery:  
IN THIS county 4 years 7 months  days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State... IDAHO (b) County... IDAHO  
(c) City... CATTANWOOD  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 4 yrs.  
3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD... DENNIS JOSEPH HOLAHAN

5. Date of Birth of Child  
(Month, day, year) DEC. 13 - 1933

6. Sex MALE 7. Twin or Triplet  If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy  9. Legitimate? YES

**FATHER OF CHILD**

10. FULL NAME... PETER J. HOLAHAN  
11. Color or Race... WHITE 12. Age at time of THIS birth... 25 yrs.  
13. Birthplace... KENTUCKY  
(City or town) (State or foreign country)  
14. Exact Occupation... FARMER  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME... MILDRED SEBASTIAN  
17. Color or Race... WHITE 18. Age at time of THIS birth... 23 yrs.  
19. Birthplace... SHERWOOD, OREGON  
(City or town) (State or foreign country)  
20. Exact Occupation... HOUSEWIFE  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum...  
23. Number of children of this mother: (a) At time of birth and including this child... 1 (b) Born alive and now living... 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by... who is related to this child as...  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature... M.D. - Midwife Address... Date...

State of...  
County of... ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... of the person whose name appears in Item 4, above, that I am now... years of age, that I have known this person for... years, and that... who attended this birth... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature...  
P. O. Address...

Subscribed and sworn to before me this... day of... 1942.  
(SEAL) Notary Public, residing at...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

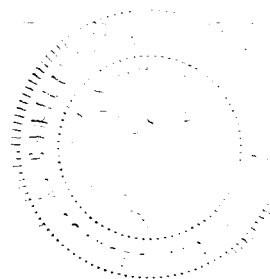
Received for filing on... FEB 11 1942 by... Registrar.

FEB 14 1949

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



213-220 044-213

332847

United States (Be sure the information is as of date of birth of THIS child) State File No. \_\_\_\_\_  
 Department of Commerce CERTIFICATE OF BIRTH FEB 14 1942 Local Reg. No. \_\_\_\_\_  
 Bureau of Census STATE OF IDAHO Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH  
 (a) County Washington (b) City Heiser  
 (c) Street Address or R.F.D. No. 2  
 (d) Name of Hospital or Maternity Home: at residence  
 (e) Mother's stay BEFORE delivery:  
 In Hosp. or Mat. Home \_\_\_\_\_ days.  
 IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
 (a) State Idaho (b) County Washington  
 (c) City Wenatchee  
 (d) Street Address or R.F.D. No. 2  
 (e) How long has MOTHER lived in Idaho? 5 yrs.  
 (f) Mother's mailing address \_\_\_\_\_

4. FULL NAME OF CHILD Rosana Isabel Sallee 5. Date of Birth (Month, day year) Nov 20, 1993  
 6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born \_\_\_\_\_  
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD  
 10. FULL NAME John B Sallee  
 11. Color or Race White 12. Age at time of THIS birth \_\_\_\_\_ yrs.  
 13. Birthplace (City or town) Indiana (State or foreign country) \_\_\_\_\_  
 14. Exact Occupation Farmer  
 15. Industry or Business \_\_\_\_\_

MOTHER OF CHILD  
 16. FULL MAIDEN NAME Lucy Catherine Sater  
 17. Color or Race White 18. Age at time of THIS birth 32 yrs.  
 19. Birthplace (City or town) Missouri (State or foreign country) \_\_\_\_\_  
 20. Exact Occupation Housewife  
 21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
 23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5  
 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) \_\_\_\_\_ (Date received) (b) \_\_\_\_\_ (Mother, etc.)  
 25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ (D.O., Midwife, etc.)  
 27. Given name added on \_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
 County of Washington }  
 I, Mary F. Gilderoy, being first duly sworn, say that I am a sister of Rosana Isabel Sallee (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr & A Sater (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded.  
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 7th day of January 1942  
 (SEAL) \_\_\_\_\_ Notary Public, residing at Wenatchee Idaho  
 Signature \_\_\_\_\_ P. O. Address \_\_\_\_\_

FEB 19 1942

JUN 26 1948

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



843-212044955

332931

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child) State File No. \_\_\_\_\_  
**CERTIFICATE OF BIRTH** Local Reg. No. \_\_\_\_\_  
STATE OF IDAHO FEB 19 1942 Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH *Washington, Weiser, Idaho*  
(a) County *Washington* (b) City *Weiser, Idaho*  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: *Hotel in Weiser, Id.*  
(e) Mother's stay BEFORE delivery: *Hotel*  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State *Idaho* (b) County \_\_\_\_\_  
(c) City *Weiser*  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? *16* yrs.  
(f) Mother's mailing address: *deceased*

3. RESIDENCE of FATHER (city, state) *Weiser, Ida.*  
4. FULL NAME OF CHILD *Martha (Mothie) Ella Hull*  
5. Date of Birth (Month, day, year) *May 12 1883*  
6. Sex *Female* 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy *9* 9. Legitimate? *yes*

FATHER OF CHILD  
10. FULL NAME *Joseph Lemuel Hull*  
11. Color or Race \_\_\_\_\_ 12. Age at time of THIS birth *30* yrs.  
13. Birthplace *near Springfield, Ill.*  
(City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
14. Exact Occupation *Farmer*  
15. Industry or Business *Hotel Clerk or asst*

MOTHER OF CHILD  
16. FULL MAIDEN NAME *Arrel Isabelle Reed*  
17. Color or Race *white* 18. Age at time of THIS birth *19* yrs.  
19. Birthplace *Midvale, Idaho*  
(City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
20. Exact Occupation *Housekeeper for younger brother*  
21. Industry or Business *farmer*

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child *2* (b) Born alive and now living *7*  
(c) Born alive and now dead *1* (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn) \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) \_\_\_\_\_

26. (a) \_\_\_\_\_ (Date received) \_\_\_\_\_ (b) *Malvinda Hopper* (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

State of *Idaho* } ss.  
County of *Washington* }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, *Malvinda Hopper*, being first duly sworn, say that I am *acquainted with* *Martha Ella Hull* (Name of person on certificate above) as *near neighbor* (State relationship or acquaintance) related to (or) acquainted with \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 137 Section Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Martha Hopper* (Name of attendant at birth) who attended said birth *is now dead* (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this *18* day of *February*, 1942  
(SEAL) *Ed R. Coulter* Notary Public, residing at *Weiser, Idaho*

APR 15 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-212 044 955

332932

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 19 1942

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County Washington (b) City Weiser, Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: Hotel

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Washington  
(c) City Weiser  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 16 yrs.  
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Margaret (maggie) Della Hull

6. Sex Female Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

FATHER OF CHILD

10. FULL NAME Joseph Lemuel Hull

11. Color white 12. Age at time of THIS birth 30 yrs.

13. Birthplace near Springfield, Ill.  
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business Hotel Clerk or acct.

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living \_\_\_\_\_  
(c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) Jan 15 1942 (Date received) Margaret Della Hull (Mother, etc.) (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

MOTHER OF CHILD

16. FULL MAIDEN NAME Arrel Isabelle Reed

17. Color white 18. Age at time of THIS birth 19 yrs.

19. Birthplace Midvale, Idaho  
(City or town) (State or foreign country)

20. Exact Occupation Housekeeper for younger brothers and sister

21. Industry or Business \_\_\_\_\_

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Malinda Hopper, being first duly sworn, say that I am acquainted with Margaret Della Hull as near neighbor (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1907 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Margaret Della Hull, who attended said birth is now dead and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Malinda Hopper Signature  
Notary Public Notary Public, residing at Weiser, Idaho

Subscribed and sworn to before me in this 15 day of February 1942  
(SEAL) Ed R. [Signature]

APR 15 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)1

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH FEB 16 1942**  
**STATE OF IDAHO**

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

332989

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County... Bear Lake (b) City... Montpelier  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State... Idaho (b) County... Bear Lake  
(c) City... Montpelier  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? \_\_\_\_\_ yrs.  
3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** Charles Grant Green  
5. Date of Birth of Child Idaho  
(Month, day, year) Aug. 28, 1883  
6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Stephen Green  
11. Color White 12. Age at time of THIS birth... 34 yrs.  
13. Birthplace... Devenport, Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation... Farmer  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Sarah Elizabeth Campbell  
17. Color White 18. Age at time of THIS birth... 22 yrs.  
19. Birthplace... North Ogden, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation... Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child... 5 (b) Born alive and now living... 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)  
(Mother, etc.)  
25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_  
Midwife \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Nevada } ss.  
County of Lyon

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 58 years, and that Mrs. Bridges, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Reuben F. Oakley Signature  
Yerington, Nevada P. O. Address

Subscribed and sworn to before me this 11th day of February, 19 42  
(SEAL) Walter Whitacre, County Clerk. Notary Public, residing at Yerington, Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Marj 26, Registrar.

**FEB 21 1942**

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH			STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH				334350
County of <u>Canyon</u>			Registration District No. _____				State File No. _____
City of <u>Central Park district, near Middleton</u>			Prim. Registration District No. _____				Local Registrar's No. _____
No. _____ St. <u>Idaho</u>							
(If born in hospital or institution give name.)							
2. FULL NAME OF CHILD <u>John Barnet Perkel</u>							
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>June 17</u> <u>1883</u> (Month, Day, Year)	
9. Full name <u>George M. Ward Perkel</u> <u>FATHER</u>				18. Full maiden name <u>Cynthia Ann Brimhall</u> <u>MOTHER</u>			
10. Residence (usual place of abode) <u>Canyon Co., Idaho</u> (If non-resident, give place and State) <u>Near Middleton</u>				19. Residence (usual place of abode) <u>Canyon Co., Ida.</u> (If non-resident, give place and State)			
11. Color or race <u>White</u>		12. Age at last birthday <u>37</u> (years)		20. Color or race <u>White</u>		21. Age at last birthday <u>19</u> (years)	
13. Birthplace (city or place) <u>Mineral Point,</u> (State or Country) <u>Idaho</u>				22. Birthplace (city or place) <u>Glendale, Kane Co., Idaho</u> (State or Country)			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper - home maker</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Cann. farm.</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home.</u>		
	16. Date (month and year) last engaged in this work <u>Aug. 17</u> <u>1897</u>		25. Date (month and year) last engaged in this work <u>March 8</u> <u>1908</u>				
17. Total time (years) spent in this work <u>41 1/2</u>			26. Total time (years) spent in this work <u>26 years</u>				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____							
28. Number of children of this mother (At time of this birth and including this child) — <u>oldest child</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____							
29. If stillborn, period of gestation _____ { months or weeks			30. Cause of stillbirth _____ { Before labor _____ During labor _____				

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

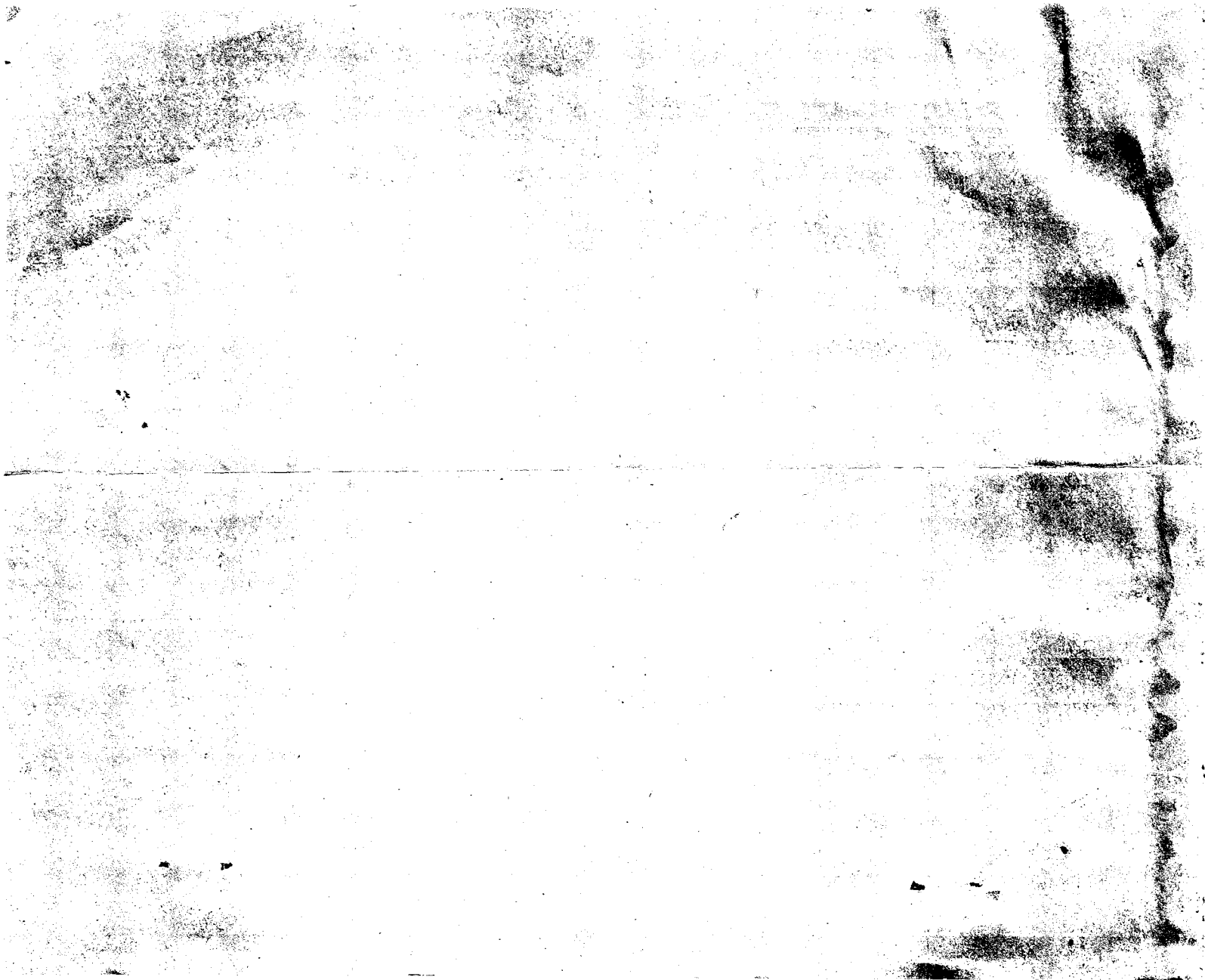
(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed FEB 26 1942, 193 Mar 1 1942

Registrar.





759, 117-014-299

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho

County of Canyon

### AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

George Ward Perkel

being first duly sworn says that

he is the brother

(Relationship of child)\*

of

John Barnet Perkel

born June 17, 1883

(Date of birth)

at Middleton Canyon County

, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said

John Barnet Perkel

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that

O. W. Hall

M. D. was the Midwife

medical attendant at the birth of said

John Barnet Perkel

and that

the said medical attendant is

now deceased

(Now deceased (or) cannot be located)

Name of Affiant

George Ward Perkel

P. O. Address

Wildes, Idaho R. 1.

Subscribed and sworn to before me this

23rd

day of

February

, 1942

Notary Public.

Residing at

at Elder,

, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My com. expires Apr. 4, 1942



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

664110 006-217

334495

United States (Be sure the information is as of date of birth of THIS child) State File No.....  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.....  
Bureau of the Census Bingham Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Bannock (b) City Soda Springs  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Soda Springs  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Franklin Thomas Womack  
5. Date of Birth of Child June 10, 1883  
(Month, day, year) June 10 1883

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin Berce Womack  
11. Color White 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Jackson Mississippi  
(City or town) (State or foreign country)  
14. Exact Occupation Carpenter  
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amey Rosella Dagers  
17. Color White 18. Age at time of THIS birth 15 yrs.  
19. Birthplace near Denver Colorado  
(City or town) (State or foreign country)  
20. Exact Occupation House Wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

#### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign  
County of Adams in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears  
in Item 4, above, that I am now 36 years of age, that I have known this person for 58 years, and that  
Dr. Kirkwood who attended this birth is deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20th day of February, 19 42  
(SEAL) Carl H. Swanson Notary Public, residing at Council  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel H. Lifer, Registrar.

DEC 23 1948

MAY 24 1949

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

285-120 001-292

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO **FEB 20 1942**

State File No. **334648**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. X  
(d) Name of Hospital or Maternity Home: X  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county X years X months X days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. X  
(e) How long has **MOTHER** lived in Idaho? 1 Yr. yrs.  
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** William Bartholomew Shea

5. Date of Birth of Child  
(Month, day, year) Jan. 20 1883

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

**FATHER OF CHILD**  
10. **FULL NAME** Patrick Shea  
11. Color White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace LaSalle, Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation Contractor  
15. Industry or Business Building Railroads

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Ellen Sisk  
17. Color White 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Galesburg, Illinois  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Missouri  
County of Jefferson } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 59 yrs. years, and that Unknown who attended this birth Unknown I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires January 12 19 44  
Subscribed and sworn to before me this 13 day of February, 19 42

(SEAL) Notary Public Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

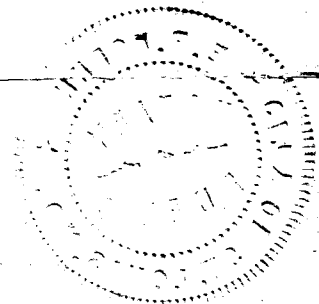
Received for filing on FEB 20 1942 by Manuel H. Fisher, Registrar.

1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-217001859

334848

334848

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 4 1942

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. Gen. Del.  
(d) Name of Hospital or Maternity Home: None  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. Gen. Del.  
(e) How long has MOTHER lived in Idaho? 18 yrs.  
3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Evelyn Edelweiss Yaryan

5. Date of Birth of Child  
(Month, day, year) Dec. 17, 1883

6. Sex Female 7. Twin or Triplet Is so born  
1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Franklin Yaryan  
11. Color White 12. Age at time of THIS birth 26 yrs.  
13. Birthplace Agency Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Farming  
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Thresa Keaton  
17. Color White 18. Age at time of THIS birth 21 yrs.  
19. Birthplace Blackhawk Colorado  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho  
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for since birth years, and that Dr. Smith Idaho who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4th day of March, 1942  
(SEAL) A. B. Lane Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mary E. Elder, Registrar.

MAR 4 1942

NOV 13 1948

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-211-2008-495

335402

United States **MAR 12 1942** (Be sure the information is as of date of birth of THIS child)  
Department of Commerce  
Bureau of the Census

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **335402**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Boise (b) City Idaho  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:

IN THIS county 8 years 19 months 11 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Boise  
(c) City Idaho City  
(d) Street Address or R.F.D. No. ....

(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho City, Idaho

**4. FULL NAME OF CHILD**

Gertrude Elizabeth Marcus

**5. Date of Birth of Child**

(Month, day, year) Nov. 11, 1933

**6. Sex** FEMALE **7. Twin or**  
**Triplet**

**If so—born**  
**1st, 2nd, 3rd**

**8. No. months**  
**of Pregnancy**

**9. Legitimate?** yes

**FATHER OF CHILD**

**10. FULL NAME** Charles Fredrick Marcus

**11. Color** white **12. Age at time**  
**or Race** white **of THIS birth** 50 yrs.

**13. Birthplace** (City or town) (State or foreign country)

**14. Exact Occupation** Miner

**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Catherine Dietrich

**17. Color** white **18. Age at time**  
**or Race** white **of THIS birth** 40 yrs.

**19. Birthplace** Windsor, Germany (City or town) (State or foreign country)

**20. Exact Occupation** Merchant

**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child ..... (b) Born alive and now living .....

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)

(Mother, etc.)

**25. Attendant's**  
**OWN signature**

**M.D.**  
**Midwife Address**

**Date**

State of ..... } ss.  
County of .....

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears  
in Item 4, above, that I am now 82 years of age, that I have known this person for 58 years, and that

Dr. Zipp, who attended this birth X, I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 130, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of March, 1942

(SEAL)

Notary Public, residing at Idaho, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Marj Elder, Registrar.

MAR 12 1941

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-120035-867

335709

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**

STATE OF IDAHO MAR 3 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
  - (a) County Nex Perce (b) City Lewiston
  - (c) Street Address or R.F.D. No. on ranch
  - (d) Name of Hospital or Maternity Home: On ranch near there
  - (e) Mother's stay **BEFORE** delivery: 1 years 1 months 1 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
  - (a) State Idaho (b) County Nex Perce
  - (c) City Lewiston
  - (d) Street Address or R.F.D. No. on ranch
  - (e) How long has **MOTHER** lived in Idaho? one yrs.
3. **RESIDENCE OF FATHER** (city, state) above

4. **FULL NAME OF CHILD** Fred Mounce
5. Date of Birth of Child (Month, day, year) Feb. 20, 1883
6. Sex male
7. Twin or Triplet single
8. No. months of Pregnancy 9
9. Legitimate? yes

- | FATHER OF CHILD                                       |   | MOTHER OF CHILD                         |   |
|---|---|---|---|
| 10. <b>FULL NAME</b> <u>Americus Vespucius Mounce</u> | 16. <b>FULL MAIDEN NAME</b> <u>Adaline Maude Hoglan</u> | 11. Color <u>White</u>                  | 17. Color <u>White</u>                  |
| 12. Age at time of THIS birth <u>25</u> yrs.          | 18. Age at time of THIS birth <u>20</u> yrs.            | 13. Birthplace <u>Lynn County, Iowa</u> | 19. Birthplace <u>Lynn County, Iowa</u> |
| (City or town) (State or foreign country)             | (City or town) (State or foreign country)               | 20. Exact Occupation <u>farmer</u>      | 21. Exact Occupation <u>housewife</u>   |
| 15. Industry or Business <u>farmer</u>                |   |   |   |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living one

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
- (Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Address.....Date.....

State of Idaho County of Gooding } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am old friend of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 58 years, and that midwife who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oran E. Patterson Signature  
Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942  
(SEAL) Notary Public, residing at Gooding, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Marj E. Eber Registrar.

MAR 18 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-110-230-168

335782

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Lemhi</u> (b) City <u>Salmon</u> (c) Street Address or R.F.D. No. <u>Barrack ranch</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>7</u> months <u></u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Salmon</u> (d) Street Address or R.F.D. No. <u>Barrack ranch</u> (e) How long has MOTHER lived in Idaho? <u>60</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>James Edward Barrack</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Salmon, Idaho</u>	
<b>6. Sex</b> <u>Male</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Mar. 10, 1883</u>	
<b>7. Twin or Triplet</b> <u>No</u>		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>9. Legitimate?</b> <u>Yes</u>		<b>10. FULL NAME</b> <u>John Barrack</u>	
<b>11. Color or Race</b> <u>White</u>		<b>12. Age at time of THIS birth</b> <u>40</u> yrs.	
<b>13. Birthplace</b> <u>Aberdeen Scotland</u> (City or town) (State or foreign country)		<b>14. Exact Occupation</b> <u>Farmer</u>	
<b>15. Industry or Business</b> <u>Farming</u>		<b>16. FULL MAIDEN NAME</b> <u>Josiephane Pane Johnson</u>	
<b>17. Color or Race</b> <u>White</u>		<b>18. Age at time of THIS birth</b> <u>19</u> yrs.	
<b>19. Birthplace</b> <u>Ft. Adkinson Wisconsin</u> (City or town) (State or foreign country)		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>21. Industry or Business</b> _____		<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____	

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Midwife \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho }  
County of Lemhi } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 58 years, and that Dr. George A. Kinney, who attended this birth is deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josiephane Barrack Signature  
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of Feb, 1942  
(SEAL) W. W. Harrison Clerk, Public, residing at Salmon, Idaho  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Marj T. Egan, Registrar.

MARK 1 5 1917

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

165 720 025-165

335903

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County..... Idaho (b) City.....  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:  
IN THIS county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State..... Idaho (b) County.....  
(c) City.....  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho?.....yrs.

**3. RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child  
(Month, day, year)..... November 20, '83

**4. FULL NAME OF CHILD**..... Robert Morris Jones

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

**FATHER OF CHILD**

**10. FULL NAME** Henry S. Jones  
**11. Color** White **12. Age at time of THIS birth** 41 yrs.  
**13. Birthplace** Abingdon Virginia  
(City or town) (State or foreign country)  
**14. Exact Occupation**  
**15. Industry or Business** Farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Nancy Crow Jones  
**17. Color** White **18. Age at time of THIS birth** 32 yrs.  
**19. Birthplace** Glad Springs Virginia  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....

**23. Number of children of this mother:** (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature** M.D. Midwife Address Date

State of..... Idaho } ss.  
County of..... Idaho }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... sister of the person whose name appears in Item 4, above, that I am now..... 66.....years of age, that I have known this person for..... 59.....years, and that..... Carrie R. Hill....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature  
Carrie R. Hill  
.....P. O. Address  
Grangeville, Idaho

Subscribed and sworn to before me this..... 2nd day of..... March, 1942.  
(SEAL) B. W. McLaughlin Notary Public, residing at..... Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, commission expires August 1, 1944.)

Received for filing on..... MAR 4 1942 by..... M. J. Fisher Registrar.

MAY 14 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





293-114 029-714

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **336239**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City Chs.  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City .....  
(d) Street Address or R.F.D. No. P. 7 19  
(e) How long has MOTHER lived in Idaho? ..... yrs.

(e) Mother's stay BEFORE delivery:

IN THIS county 40 years months days

**4. FULL NAME OF CHILD** Gilbert Kilde

**5. Date of Birth of Child**  
(Month, day, year) May 14 - 1883

**6. Sex** Male **7. Twin or Triplet** X **8. No. months of Pregnancy** Regular **9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME** Wm. Kilde  
**11. Color or Race** White **12. Age at time of THIS birth** unknown yrs.  
**13. Birthplace** Norway  
(City or town) (State or foreign country)  
**14. Exact Occupation** Farmer  
**15. Industry or Business** agriculture

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Carie Paulsen  
**17. Color or Race** White **18. Age at time of THIS birth** unknown yrs.  
**19. Birthplace** Near Aeross, Wisconsin  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** Farming

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** unknown  
**23. Number of children of this mother:** (a) At time of birth and including this child 8 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Midwife** ..... **Address** ..... **Date** .....

State of Idaho } ss.  
County of Boise

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for continuous years, and that ..... who attended this birth deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary V. Villars Signature  
1213 Idaho St. Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 3 day of Mar, 19 42  
(SEAL) John L. Phillips Notary Public, residing at Lewiston, Ida.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

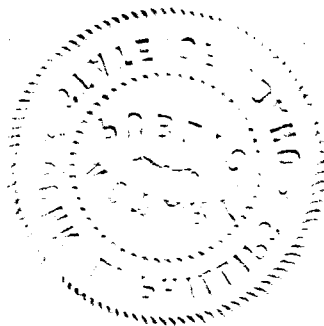
Received for filing on MAR 5 1942 by Mary V. Villars Registrar.

MAR 17 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

331 220 001 664

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **336620**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County ada (b) City Star  
(c) Street Address or R.F.D. No. None  
(d) Name of Hospital or Maternity Home: at Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 19 years ✓ months ✓ days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County ada  
(c) City Star  
(d) Street Address or R.F.D. No. ✓  
(e) How long has MOTHER lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

Sadie Bell Clark

**5. Date of Birth of Child**

(Month, day, year) Sept 20-1883

6. Sex Female 7. Twin or Triplet

If so—born  
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME James Walter Clark  
11. Color white 12. Age at time of THIS birth 34 yrs.  
13. Birthplace Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Sarah Louisa Fouch  
17. Color white 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Ohio  
(City or town) (State or foreign country)  
20. Exact Occupation Housekeeper  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
OWN signature

M.D.  
Midwife Address

Date

State of Washington } ss.  
County of Shelton

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 67 years, and that Lusan Fouch who attended this birth Is deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mona A Blair Signature  
Shelton Wash P. O. Address

Subscribed and sworn to before me this 10th day of March, 19 42  
(SEAL) Oliver K. Blair Notary Public, residing at Shelton Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

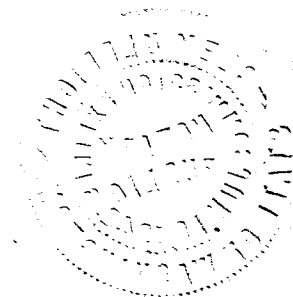
Received for filing on MAR 17 1942 by Mona Blair Registrar.

MAR 20 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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318-202-008-213

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

MAR 19 1942

State File No. **338383**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Boise (b) City Idaho  
(c) Street Address or R.F.D. No. Highway  
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay BEFORE delivery:  
- IN THIS county 9 years 9 months 9 days -

**4. FULL NAME OF CHILD**

Arma Taylor

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

10. FULL NAME Warren Taylor  
11. Color White 12. Age at time of THIS birth 46 yrs.  
13. Birthplace Illinois N.Y.  
(City or town) (State or foreign country)  
14. Exact Occupation Carpenter  
15. Industry or Business

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Boise  
(c) City Idaho  
(d) Street Address or R.F.D. No. Highway  
(e) How long has MOTHER lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child  
(Month, day, year) 2<sup>nd</sup> Aug 1893

8. No. months of Pregnancy nine 9. Legitimate? yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Jane Taylor  
17. Color White 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Blair, S.C.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California  
County of Alameda } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 59 years, and that Dr. Zipp who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary J. Taylor Signature  
1431 Hopkins St Oakland Cal. P. O. Address

Subscribed and sworn to before me this 17th day of March, 19 42  
(SEAL) Alma B. Thorne Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission Expires May 20, 1944)

Received for filing on MAR 19 1942 by [Signature] Registrar.

MAR 27 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

338459

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Jefferson (b) City Mendon  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Boritt at Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Jefferson  
(c) City Mendon  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 3 1/2 yrs.

**3. RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child  
(Month, day, year) Feb 27 1913

**4. FULL NAME OF CHILD** James Leon Stephens

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Alexander Nephi Stephens  
11. Color White 12. Age at time of THIS birth 42 yrs.  
13. Birthplace Brown County Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary James  
17. Color White 18. Age at time of THIS birth 36 yrs.  
19. Birthplace Michael Church Heretfordshire England  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah ss.  
County of Weber

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 59 years, and that Mrs. Jeanette Poole, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23rd day of March, 1942.  
(SEAL) Don A. Kennedy Notary Public, residing at Ogden, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by ..... Registrar.

### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



713-112-035-714

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

338543

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County My. Puce (b) City Cameron  
(c) Street Address or R.F.D. No. Gen. Del.  
(d) Name of Hospital or Maternity Home: At Home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County My. Puce  
(c) City Cameron  
(d) Street Address or R.F.D. No. Gen. Del.  
(e) How long has **MOTHER** lived in Idaho? Three yrs.  
3. **RESIDENCE OF FATHER** (city, state) Cameron, Id.

4. **FULL NAME OF CHILD** Edwin Jay Patterson

5. Date of Birth of Child  
(Month, day, year) Mar 12, 1942

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Henry Lowell Patterson  
11. Color White 12. Age at time of THIS birth 38 yrs.  
13. Birthplace Augusta Maine  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Susan Abby Campbell  
17. Color White 18. Age at time of THIS birth 38 yrs.  
19. Birthplace Augusta Maine  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Ten P. M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Sister, who is related to this child as Sister  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho  
County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 59 years, and that Mrs. David Royalty, who attended this birth is deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23rd day of March, 1942  
(SEAL) Barrie L. Hughes Signature  
Route 4, Nampa, Idaho P. O. Address  
Notary Public, residing at Nampa, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Marj Stulen, Registrar.

MAR 30 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-209-036-419

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **33864**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Onida (b) City Clifton  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Onida  
(c) City Clifton  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 14 yrs.  
**3. RESIDENCE OF FATHER** (city, state) Clifton, Ida.

**4. FULL NAME OF CHILD** Susan Lucetta Taylor  
**6. Sex** Female **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd

**5. Date of Birth of Child**  
(Month, day, year) Nov. 9, 1883  
**8. No. months of Pregnancy** 9 **9. Legitimate?** YES

**FATHER OF CHILD**  
**10. FULL NAME** Albert Taylor  
**11. Color** white **12. Age at time of THIS birth** 22 yrs.  
**13. Birthplace** Ogden, Utah  
(City or town) (State or foreign country)  
**14. Exact Occupation** Farmer  
**15. Industry or Business** .....

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** Susan Elizabeth Marler  
**17. Color** White **18. Age at time of THIS birth** 18 yrs.  
**19. Birthplace** Huntsville, Utah  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** none  
**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... , who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** **M.D.** **Midwife** **Address** **Date**

State of ..... County of ..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 59 years, and that Grandma Bassett, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Taylor Signature  
112 E Plymouth St., Long Beach, Calif. Address

Subscribed and sworn to before me this 23rd day of March, 1942  
(SEAL) [Signature] Notary Public, residing at Long Beach, Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires June 10th, 1943

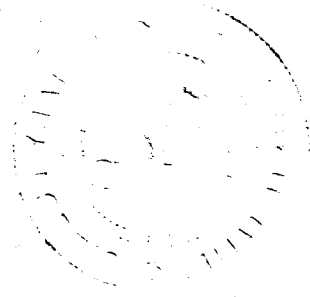
Received for filing on MAR 25 1942 by Mary E. [Signature] Registrar.

MAR 30 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



345-205-028-653

339378

339374

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Fort Idaho (b) City Couer d Alene  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county      years      months      days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ft. Idaho  
(c) City Couer d Alene  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 5 yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Helen Ida Pauline Lueger  
5. Date of Birth of Child (Month, day, year) Aug. 5, 1883

6. Sex Female 7. Twin or Triplet        If so—born 1st, 2nd, 3rd        8. No. months of Pregnancy        9. Legitimate?       

**FATHER OF CHILD**  
10. **FULL NAME** Ernst Lueger  
11. Color White 12. Age at time of THIS birth 27 yrs.  
13. Birthplace Baden Germany  
(City or town) (State or foreign country)  
14. Exact Occupation Lt. U.S. Army  
15. Industry or Business       

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Pauline Wetzel  
17. Color White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Saxony Germany  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business       

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature California M.D.        Address        Date         
State of..... County of Marin } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 56 years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie E Voigtlander Signature  
1056 Bayshore Blvd San Francisco P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942  
(SEAL) Helen S. Myer Notary Public, residing at San Anselmo, Cal.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on MAR 17 1942 APR 3 1942 by Mam F. Elder Registrar.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-112-003-215  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. **339567**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bannock (b) City Treasureton  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bannock  
(c) City Treasureton  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 72 yrs.  
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Thomas

5. Date of Birth of Child  
(Month, day, year) Nov. 12 - 1922

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Preston Thomas  
11. Color White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Sahi, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Butcher  
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Sant  
17. Color White 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Blackfoot, Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)

25. Attendant's OWN signature (Mother, etc.) M.D. Midwife Address Date

State of Idaho } ss.  
County of Bannock

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 58 or more years, and that Jane M. Howell, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 1st day of April, 1942.  
(SEAL) L. R. [Signature] Notary Public, residing at Shelley, Idaho.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, annotated.)

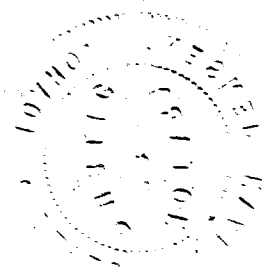
Received for filing on APR 2 1942 by Mary Ellen Thomas, Registrar.

APR 24 1946

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





493-212-20-335

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH  
STATE OF IDAHO**

339836

State File No.  
Local Reg. No.  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Emmett</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years <u>2</u> months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Emmett</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Luelle Nell Millinghaus Switzer</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>March 12<sup>th</sup> 1883</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>August Millinghaus</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>29</u> yrs. <b>13. Birthplace</b> <u>Butterberg Iowa</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Rancher</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Colora Bennett</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>24</u> yrs. <b>19. Birthplace</b> <u>Kalamazoo Michigan</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**  
**23. Number of children of this mother:** (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D.** \_\_\_\_\_ **Midwife** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_

State of \_\_\_\_\_ } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
 County of \_\_\_\_\_

I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now \_\_\_\_\_ years of age, that I have known this person for \_\_\_\_\_ years, and that \_\_\_\_\_, who attended this birth, \_\_\_\_\_ I further state that \_\_\_\_\_ (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

\_\_\_\_\_ Signature  
 \_\_\_\_\_ O. Address

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1942.  
 (SEAL) \_\_\_\_\_ Notary Public, residing at \_\_\_\_\_

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

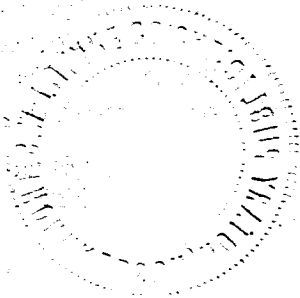
Received for filing on APR 6 1942 by Mal. Heeler, Registrar.

APR 9 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.  
Local Reg. No.  
Reg. Dist. No.

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Idaho (b) City Grangeville  
(c) Street Address or R.F.D. No. XX  
(d) Name of Hospital or Maternity Home: XX  
(e) Mother's stay BEFORE delivery:  
IN THIS county 10 years XX months XX days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Idaho  
(c) City Grangeville  
(d) Street Address or R.F.D. No. XX Deceased  
(e) How long has MOTHER lived in Idaho? 1883 yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD**

Aldice Warren Davis

5. Date of Birth of Child  
(Month, day, year) March 25, 1888

6. Sex Male

7. Twin or Triplet XX

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy XX

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Aldice Warren Davis  
11. Color White 12. Age at time of THIS birth 40 yrs.  
13. Birthplace XX New York  
(City or town) (State or foreign country)  
14. Exact Occupation Farming and mining  
15. Industry or Business X

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Emily Means  
17. Color White 18. Age at time of THIS birth 39 yrs.  
19. Birthplace San Francisco, Calif.  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was X at X M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by X, who is related to this child as X (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature X M.D. Midwife Address X Date

State of Idaho County of Idaho ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 59 years, and that Dr. S. E. Ribby who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X R. E. Robey (R. E. Tobey) Signature  
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of April, 19 82  
(SEAL) W. J. Wallace Notary Public, residing at Grangeville-  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mary E. Elder Registrar.

APR 15 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **340373**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County **Cassia** (b) City **Albion**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State **Idaho** (b) County **Cassia**  
(c) City **Albion**  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? yrs  
3. **RESIDENCE OF FATHER** (city, state) **Albion, Idaho**

4. **FULL NAME OF CHILD** **Laurence William Vaughn**

5. Date of Birth of Child  
(Month, day, year) **August 30, 1883.**

6. Sex **male**  
7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**  
9. Legitimate? **yes**

**FATHER OF CHILD**

10. **FULL NAME** **William Berry Vaughn**  
11. Color **White** 12. Age at time of THIS birth **20** yrs.  
13. Birthplace **Logan Utah**  
(City or town) (State or foreign country)  
14. Exact Occupation **(retired now) A teamster at**  
15. Industry or Business **time of birth**

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** **Helen Adelia Brooks**  
17. Color **White** 18. Age at time of THIS birth **16** yrs.  
19. Birthplace **Southern part of Utah**  
(City or town) (State or foreign country)  
20. Exact Occupation **(deceased now) house-**  
21. Industry or Business **wife at time of birth**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **none**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's  
**OWN** signature **Oregon** M.D. Address Date  
**Baker** Midwife  
State of **Oregon** ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of **Baker**

I, the undersigned, being first duly sworn, say that I am the **father** of the person whose name appears in Item 4, above, that I am now **78** years of age, that I have known this person for **all of his life** years, and that **Mr. Pearson** who attended this birth **is now deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**William Berry Vaughn** Signature  
**Baker, Ore.** P. O. Address

Subscribed and sworn to before me this **11th** day of **April**, 19 **42**  
(SEAL) Notary Public, residing at **Baker, Oregon**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **APR 13 1942** by **Mabel E. Fisher** Registrar.

APR 14 1944

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-112-028-465

United States  
Department of Commerce  
Bureau of the Census

(~~Ensure~~ the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH  
STATE OF IDAHO**

**340838**  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Kootenia</u> (b) City <u>Rathdrum</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Parent's Home (Hauser Lake)</u> (e) Mother's stay BEFORE delivery: <u>11</u> <u>One</u> <u>days</u> IN THIS county years months days	<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenia</u> (c) City <u>Rathdrum</u> (d) Street Address or R.F.D. No. <u>Hauser Lake</u> (e) How long has MOTHER lived in Idaho? <u>1</u> <u>year</u> <u>ys.</u>
<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Same</u>	

<b>4. FULL NAME OF CHILD</b> <u>Marcus DeLafayette Thomas</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>Sept 12, 1883</u>
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>Yes</u>
<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>Newton Thomas</u>	<b>16. FULL MAIDEN NAME</b> <u>Nancy Angeline Montgomery</u>		
<b>11. Color</b> <u>White</u>	<b>17. Color</b> <u>White</u>		
<b>12. Age at time of THIS birth</b> <u>37</u> <u>ys.</u>	<b>18. Age at time of THIS birth</b> <u>30</u> <u>ys.</u>		
<b>13. Birthplace</b> <u>Polk County, Missouri</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>Fremont, Iowa</u> (City or town) (State or foreign country)		
<b>14. Exact Occupation</b> <u>Farming</u>	<b>20. Exact Occupation</b> <u>Housewife</u>		
<b>15. Industry or Business</b>	<b>21. Industry or Business</b>		

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....

**23. Number of children of this mother:** (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive at 6 M. on the date Sept 12, 1883 and at the place stated above, and that personal particulars were furnished by Mr. Henry Welder, who is related to this child as brother (First name) (Last name)

**25. Attendant's OWN signature** Washington **M.D.** Spokane **Midwife** Address **Date**

State of Washington **ss.** **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 58 years, and that Mr. Henry Welder is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Rosetta Carpenter Signature  
225 S Washington St. Spokane, Wash. O. Address  
Subscribed and sworn to before me this 16 day of April, 1943  
(SEAL) C. E. Eversen Notary Public, residing at Spokane Wash  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

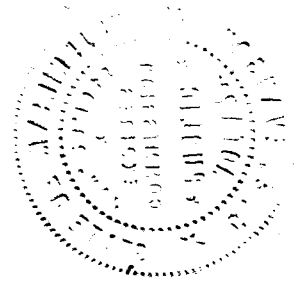
Received for filing on APR 17 1942 by Marj K. Keeler Registrar.

APR 23 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





855 108 045 365

340878

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (a) County <u>Blaine</u> (b) City <u>Hailey</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>HF HOME</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Hailey</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> yrs. (f) Mother's mailing address _____	
4. FULL NAME OF CHILD <u>EVERETT HENRY HENDRICK JR</u>		5. Date of Birth (Month, day, year) <u>Oct 8-1883</u>	
6. Sex <u>MALE</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? <u>YES</u>
10. FULL NAME of FATHER OF CHILD <u>EVERETT HENRICK SR</u>		10. FULL MAIDEN NAME of MOTHER OF CHILD <u>Rose Agnes Connly</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>28</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>23</u> yrs.
13. Birthplace <u>Hailey Idaho</u>	(State or foreign country) _____	19. Birthplace <u>Reese</u>	(City or town) _____ (State or foreign country) <u>Wisconsin</u>
14. Exact Occupation <u>retired watch maker, Merchant</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>retired</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia-Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>one</u> (b) Born alive and now living _____ (c) Born alive and now dead _____ (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
26. (a) <u>APR 16 1942</u> (Date received)	(b) <u>[Signature]</u> (Registrar's signature)	25. Attendant's OWN signature _____	(D.O., Midwife, etc.) _____
27. Given name added on _____ by _____	(Registrar's signature) _____	and address _____	Date _____

State of Idaho }  
County of Butte } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rose Agnes Hendrick, being first duly sworn, say that I am mother of Everett Henry Hendrick, Jr. (Related to (or) acquainted with) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Brown (Name of attendant at birth) \_\_\_\_\_, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Rose Agnes Hendrick Signature  
Arco, Idaho. P. O. Address \_\_\_\_\_

Subscribed and sworn to before me on this 14th day of April, 1942.

(SEAL)

[Signature] Notary Public, residing at Arco, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only INK or BLACK ink in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

341053

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Ada (b) City Payette  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: At home  
(e) Mother's stay BEFORE delivery: \_\_\_\_\_  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county 1 years month \_\_\_\_\_ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Payette  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 31 yrs.  
(f) Mother's mailing address Payette, Idaho  
3. RESIDENCE of FATHER (city, state) Payette, Ida.

4. FULL NAME OF CHILD Frank C. Moss

5. Date of Birth (Month, day, year) Nov. 9, 1883

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Frank Moss  
11. Color or Race White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Belvedere Ill.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer also  
15. Industry or Business Mercantile

16. FULL MAIDEN NAME Ruth Moss  
17. Color or Race White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Salt Lake City Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) APR 18 1942 (b) \_\_\_\_\_  
(Date received) (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

State of Idaho } ss.  
County of Payette

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruth Moss, being first duly sworn, say that I am related to Frank C. Moss as Mother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Poage, who attended said birth cannot be located and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Ruth Moss Signature  
Payette, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of March, 19 41

(SEAL)

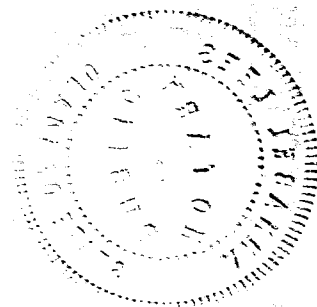
Annabel Lee Notary Public, residing at Nampa, Idaho

APR 21 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **342829**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Oneida (b) City Malad  
(c) Street Address or R.F.D. No. none known  
(d) Name of Hospital or Maternity Home: At Family home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Malad  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Ida

4. **FULL NAME OF CHILD** John Lewis Davis.

5. Date of Birth of Child  
(Month, day, year) Mar 2 1883

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy usual 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Rees Howell Davis  
11. Color White 12. Age at time of THIS birth 26 yrs.  
13. Birthplace Wales England  
(City or town) (State or foreign country)  
14. Exact Occupation Newspaper publisher  
15. Industry or Business Editor

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sophia Lewis.  
17. Color White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child.....2 (b) Born alive and now living.....1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Address Date  
California  
State of.....Los Angeles } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
City of.....

I, the undersigned, being first duly sworn, say that I am the.....Cousin.....of the person whose name appears in Item 4, above, that I am now.....69.....years of age, that I have known this person for.....59.....years, and that....., who attended this birth..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine M. Van Hise Signature  
15043 Victory Blvd., Van Nuys, Calif. Address

Subscribed and sworn to before me this 22nd day of April 1942  
(SEAL) [Signature] Notary Public, residing at Los Angeles  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

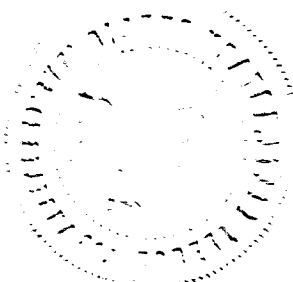
Received for filing on.....APR 27 1942.....by....., Registrar.

APR 28 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



268-205030-365

343141

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Lemhi</u> (b) City <u>Salmon</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: ..... (e) Mother's stay BEFORE delivery: IN THIS county <u>4</u> years - months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Salmon</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Salmon, Idaho</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>July 5, 1883</u>	

<b>4. FULL NAME OF CHILD</b> <u>Mary Agnes Boyle</u>		<b>6. Sex</b> <u>Female</u>	
<b>7. Twin or Triplet</b>		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>9. Legitimate?</b> <u>Yes</u>		<b>10. If so—born 1st, 2nd, 3rd</b>	

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Thomas Boyle</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>40</u> yrs. <b>13. Birthplace</b> <u>Cappamore Ireland</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Rancher</u> <b>15. Industry or Business</b> <u>Ranching</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Margaret Long</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>33</u> yrs. <b>19. Birthplace</b> <u>Cappamore Ireland</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
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**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....  
**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date.....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
 (Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature**.....**M.D.**.....**Address**.....**Date**.....  
 Midwife

State of.....Idaho.....ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
 County of.....Lemhi.....

I, the undersigned, being first duly sworn, say that I am the.....Brother.....of the person whose name appears in Item 4, above, that I am now.....74.....years of age, that I have known this person for.....59.....years, and that.....George Kinney....., who attended this birth.....is now deceased.....I further state that.....is now deceased or (Cannot be located)  
 (First name) (Last name)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Boyle.....Signature  
Northfork, Idaho.....P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942.

(SEAL) W. W. Simmonds, Clerk of the.....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By Claver Edwards

Received for filing on.....APR 29 1942.....by Marj 22.....Deputy Registrar.

APR 30 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

315 122 010-695

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

343287  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County BONNYVILLE (b) City EAGLE ROCK  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

**4. FULL NAME OF CHILD**

GEORGE LANGDON

**6. Sex**

MALE

**7. Twin or Triplet**

If so, born 1st, 2nd, 3rd

**8. No. months of Pregnancy**

**9. Legitimate?** YES

**FATHER OF CHILD**

- 10. FULL NAME** WILLIAM DEXTER LANGDON  
**11. Color** WHITE **12. Age at time of THIS birth** 31 yrs.  
**13. Birthplace** DETROIT MICHIGAN  
(City or town) (State or foreign country)  
**14. Exact Occupation** LOCOMOTIVE ENGINEER  
**15. Industry or Business** BUSINESS

**MOTHER OF CHILD**

- 16. FULL MAIDEN NAME** RUTH WINSBY  
**17. Color** WHITE **18. Age at time of THIS birth** 30 yrs.  
**19. Birthplace** NEW YORK CITY NEW YORK  
(City or town) (State or foreign country)  
**20. Exact Occupation** HOUSEWIFE & MOTHER  
**21. Industry or Business** .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 7 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

(Mother, etc.)

**25. Attendant's OWN signature**

**M.D. Midwife**

**Address**

**Date**

State of California ss.  
County of Los Angeles

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that

....., who attended this birth ..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. I have no living relatives older than I am, nor is there anyone living who had personal knowledge of the circumstances of my birth. Signature George Langdon P. O. Address 512 W 130 St Los Angeles

Subscribed and sworn to before me this 23 day of April, 1942

(SEAL)

Elizabeth B. Butler Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on ..... by Mary E. Fisher Registrar.

APR 20 1942

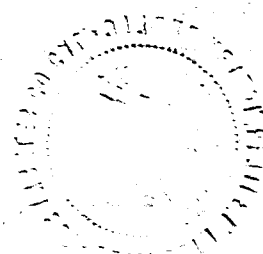
MAY 1 1942

JUN 13 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249 127039 652

34353

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Power</u> (b) City <u>American Falls</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county      years      months      days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Power</u> (c) City <u>American Falls</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>abt. 4</u> yrs.	
<b>3. RESIDENCE OF FATHER</b> (city, state) <u>American Falls Idaho</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Jan. 27, 1883</u>	

<b>4. FULL NAME OF CHILD</b> <u>Earl David Smith</u>	<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> <u>no</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>		

<b>10. FULL NAME</b> <u>James P. Smith</u>	<b>16. FULL MAIDEN NAME</b> <u>Laura Belle West</u>
<b>11. Color or Race</b> <u>white</u>	<b>17. Color or Race</b> <u>white</u>
<b>12. Age at time of THIS birth</b> ..... yrs.	<b>18. Age at time of THIS birth</b> ..... yrs.
<b>13. Birthplace</b> <u>West Port, Mo.</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>East Peoria, Illinois</u> (City or town) (State or foreign country)
<b>14. Exact Occupation</b> <u>Stock man</u>	<b>20. Exact Occupation</b> <u>Student</u>
<b>15. Industry or Business</b> <u>Cattle Ranch</u>	<b>21. Industry or Business</b> .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....

**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of Montana County of Beaverhead } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 50 years, and that Elizabeth West, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Laura Belle Smith Signature  
21 S. Washington St., Dillon, Mont. P.O. Address

Subscribed and sworn to before me this 4th day of April, 1942  
(SEAL) Charles H. Kincaid Notary Public for Beaverhead County, State of Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code and Statutes)

Received for filing on MAY 4 1942 by Man Registrar.

MAY 5 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

494-126 001-365

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **343666**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 1 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Jonas Pittman Dimmitt  
5. Date of Birth of Child (Month, day, year) Aug. 26, 1883
6. Sex male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** George Maley Dimmitt  
11. Color white 12. Age at time of THIS birth 42 yrs.  
13. Birthplace Griggsville Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation Methodist Preacher  
15. Industry or Business .....
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Elizabeth Cover  
17. Color white 18. Age at time of THIS birth 41 yrs.  
19. Birthplace Batavia Ohio  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3 P. M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)

25. Attendant's OWN signature Oregon M.D. Klamath Address Date  
State of ..... ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
Country of ..... }

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 58 years, and that Mrs. Fowler who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William E. Dimmitt Signature  
Klamath Falls, Oregon P. O. Address  
Subscribed and sworn to before me this 2nd day of May, 1942  
(SEAL) Louise Wiley Notary Public, residing at Klamath Falls, Oregon  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **NOTARY EXPIRES OCT. 6, 1942.**

Received for filing on MAY 5 1942 by John J. [Signature] Registrar.

MAY 8 1942

FEB 21 1950

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Washington (b) City Midvale  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
At Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Washington  
(c) City Midvale  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 8 yrs.  
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD John James McCrea

5. Date of Birth of Child  
(Month, day, year) March 18, 1942

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME James McCrea  
11. Color White 12. Age at time of THIS birth 33 yrs.  
13. Birthplace Sangamon Co. Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL NAME Malinda Ann McCrea  
17. Color White 18. Age at time of THIS birth 17 yrs.  
19. Birthplace Holt Co Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
OWN Signature M.D. Midwife Address Date

State of Idaho  
County of Washington } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 59 years, and that Nancy Higgins, who attended this birth is now deceased. I further state that the facts of the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Malinda Hopper  
P. O. Address

Subscribed and sworn to before me this 4 day of May, 1942  
(SEAL) Earl Connelley Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Marjorie Registrar.

343901

433-118 044 433

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **343984**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Kootenai (b) City Granite  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: At Home  
(e) Mother's stay **BEFORE** delivery: IN THIS county years 6 months      days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Kootenai  
(c) City Granite  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** William Andrew Dennison
5. Date of Birth of Child Oct. 15-1883  
(Month, day, year)
6. Sex Male 7. Twin or Triplet      If so—born 1st, 2nd, 3rd      8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Jesse Dennison
11. Color or Race white 12. Age at time of THIS birth 23 yrs.
13. Birthplace New Albin Iowa  
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Frances Maher
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace New Albin Iowa  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was      at      M. on the date       
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by     , who is related to this child as       
(First name) (Last name)
- (Mother, etc.)

25. Attendant's **OWN** signature      M.D.      Address      Date
- State of Idaho County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 58 years, and that Mrs. McNearney, who attended this birth deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
- the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4th day of May, 1942

(SEAL) M. E. Lindale Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

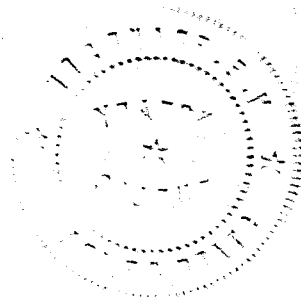
Received for filing on MAY 7 1942 by Mary E. B. B. B. Registrar.

MAY 9 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



366-117-029-695

344132

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 344132  
Local Reg. No.  
Reg. Dist. No.

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Moscow  
(c) Street Address or R.F.D. No. No rural route  
(d) Name of Hospital or Maternity Home: No hospital here then  
(e) Mother's stay BEFORE delivery:  
IN THIS county 0 years 0 months 0 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Moscow  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow

**4. FULL NAME OF CHILD** Clarence Marion Town  
5. Date of Birth of Child Aug. 17, 1883  
(Month, day, year)

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd no 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
**10. FULL NAME** Albert Lucien Town  
**11. Color or Race** White **12. Age at time of THIS birth** 32 yrs.  
**13. Birthplace** Benton county, New York  
(City or town) (State or foreign country)  
**14. Exact Occupation** Farmer  
**15. Industry or Business** Same

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** Gertrude Ella Finch  
**17. Color or Race** White **18. Age at time of THIS birth** 24 yrs.  
**19. Birthplace** Garden City, Minnesota  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** Same

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** none  
**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** M.D. Midwife Address Date

State of Idaho  
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 58 years, and that Mrs. McMann is now deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie E. Towne Signature  
423 S. Asbury St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of May, 19 42  
(SEAL) Probate Judge Moscow, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAY 9 1942 by M. E. Keefe Registrar.

MAY 12 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 132, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

299 113 016 993  
United States

Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

344412  
State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Cassia (b) City Albion  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home: NONE

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home        days.

IN THIS county        years        month        days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia  
(c) City Albion

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 8 yrs.

(f) Mother's mailing address Albion, Ida

3. RESIDENCE of FATHER (city, state) Albion, Ida

4. FULL NAME OF CHILD

Alfred Tennyson Bridger

5. Date of Birth

(Month, day, year) 2/13/1883

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

10. FULL NAME

John A. Bridger

11. Color or Race

White

12. Age at time of THIS birth 36 yrs.

13. Birthplace

GREENSBORO

(City or town) (State or foreign country) VT 91113

14. Exact Occupation

farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Annie Nicholson

17. Color or Race

White

18. Age at time of THIS birth 27 yrs.

19. Birthplace

? (City or town)

Iowa (State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

(c) Born alive and now dead 3

(d) Stillborn not known

24. I HEREBY CERTIFY That I attended the birth of this child, who was        at        M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by       , who is related to this child as        (First name) (Last name)

26. (a) MAY 11 1942

(Date received)

(Mother, etc.) [Signature]

(b) (Registrar's signature)

27. Given name added on        by       

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

and address

(D.O., Midwife, etc.)  
Date

State of Idaho

County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Bridger, being first duly sworn, say that I am Related to Alfred Tennyson Bridger Brother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that not known, who attended said birth must be deceased (Name of attendant at birth) (Is now deceased (or) cannot be located)

and that this birth has not been previously recorded.

John Bridger

Signature

P. O. Address

Subscribed and sworn to before me on this 7th day of May, 19 42

(SEAL)

[Signature]

Notary Public, residing at Albion Ida

FEB 5 1949

MAY 14 1949

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249 124 007 862

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 344746

Local Reg. No.

Reg. Dist. No.

MAY 14 1942

CERTIFICATE OF BIRTH  
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Blaine (b) City Carey  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Blaine  
(c) City Carey  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 54 yrs.

4. FULL NAME  
OF CHILD

Alonso Smith

5. Date of Birth of Child

(Month, day, year) Aug-14-1883

6. Sex

Male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Hyrum Smith  
11. Color White 12. Age at time  
or Race of THIS birth 34 yrs.  
13. Birthplace Carter Bluffs, Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Hokanson  
17. Color White 18. Age at time  
or Race of THIS birth 34 yrs.  
19. Birthplace Hage, Utah Sweden  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. I don't know

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Bomahine, who is  
related to this child as (First name) (Last name)  
(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.  
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Elder Brother of the person whose name appears  
(Mother, etc.) 10 years in Item 4, above, that I am now 69 years of age, that I have known this person for 59 years, and that

Joseph Hyrum Smith who attended this birth father deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Joseph Andrew Smith Signature

P. O. Address

Subscribed and sworn to before me this 6th day of May, 19 42  
(SEAL) Joseph T. Guld Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated.)

Received for filing on May 14 1942 by Mabel T. Guld Registrar.

MAY 16 1911

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

331-2021035-289

345019

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Neperese (b) City Moscow  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay BEFORE delivery:  
IN THIS county 7 years 7 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Megler  
(c) City Moscow  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 7 yrs.

4. FULL NAME OF CHILD Nellie Clark  
6. Sex Female 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd 1st

3. RESIDENCE OF FATHER (city, state) Moscow, Ida  
5. Date of Birth of Child (Month, day, year) Jan 2, 1883  
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Overly Scott Clark  
11. Color W. 12. Age at time of THIS birth 34 yrs.  
13. Birthplace Grundy Co. Mo. (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farm

MOTHER OF CHILD  
16. FULL MAIDEN NAME Glova Shirts  
17. Color W. 18. Age at time of THIS birth 30 yrs.  
19. Birthplace Portland Oregon (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business unknown

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Wallowa M. on the date Jan 2, 1942 and at the place stated above, and that personal particulars were furnished by Dolly Goltz, who is related to this child as Sister (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Dolly Goltz M.D. Midwife Address Wallowa, Oregon Date Jan 2, 1942

State of Oregon County of Wallowa ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 62 years of age, that I have known this person for 59 years, and that Dorothy Goltz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dolly Goltz Signature  
Wallowa, Oregon P. O. Address

Subscribed and sworn to before me this 6th day of May, 1942.  
(SEAL) Rachel Pearl Notary Public, residing at Wallowa, Oregon.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

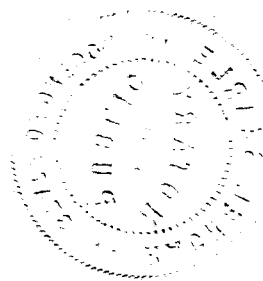
Received for filing on MAY 18 1942 by Rachel Pearl Registrar.

MAR 20 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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813-217-003-313

345063

345063

United States  
Department of Commerce  
Bureau of the Census

MAY 23 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BANNACK (b) City CHESTERFIELD  
(c) Street Address or R.F.D. No. R.F.D.  
(d) Name of Hospital or Maternity Home: H.A.M.E.  
(e) Mother's stay BEFORE delivery:  
IN THIS county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County BANNACK  
(c) City CHESTERFIELD  
(d) Street Address or R.F.D. No. R.F.D.  
(e) How long has MOTHER lived in Idaho? 1 yrs.

4. FULL NAME  
OF CHILD

ELECTA FRANCES HATCH

5. Date of Birth of Child  
(Month, day, year)

July 17 - 1883

6. Sex

FEMALE

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL  
NAME

WILLIAM ANSEL HATCH

11. Color

AMERICAN

12. Age at time  
of THIS birth

23 yrs.

13. Birthplace

Bountiful UTAH

(City or town) (State or foreign country)

14. Exact  
Occupation

FARMER

15. Industry or  
Business

MOTHER OF CHILD

16. FULL MAIDEN  
NAME

Hannah Call

17. Color

AMERICAN

18. Age at time  
of THIS birth

20 yrs.

19. Birthplace

Bountiful UTAH

(City or town) (State or foreign country)

20. Exact  
Occupation

HOUSEWIFE

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Sarah E Hatch, who is  
related to this child as Aunt (First name) (Last name)

25. Attendant's  
OWN signature

S. Hatch

M.D.

Midwife

Address

Date

State of

Idaho

County of Idaho ss.

AFFIDAVIT to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears  
in Item 4, above, that I am now 77 years of age, that I have known this person for 58 years, and that

Christina Keggins, who attended this birth deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22 day of May, 1942

(SEAL)

Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAY 23 1942

by

Mary E. Edger

Registrar.

SEP 22 1971

MAY 23 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

313-124035-313

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **346106**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Nez Perce (b) City Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Born at father's & mother's home  
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Nez Perce  
(c) City Lewiston  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? .. yrs.

4. **FULL NAME OF CHILD** Jesse Tallant

5. Date of Birth of Child (Month, day, year) Dec 24, 1883

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

**FATHER OF CHILD**  
10. **FULL NAME** Nathan Tallant  
11. Color White 12. Age at time of THIS birth? .. yrs.  
13. Birthplace (City or town) (State or foreign country)  
14. Exact Occupation  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Rachael Tallant  
17. Color White 18. Age at time of THIS birth 35 yrs.  
19. Birthplace (City or town) (State or foreign country)  
20. Exact Occupation  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was attended by neighbor woman at long since deceased M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .., who is related to this child as .. (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Idaho County of Nez Perce ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for since birth years, and that a man known who attended this birth is long since dead. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Subscribed and sworn to before me this May day of 1942  
(SEAL) Notary Public, residing at Lewiston, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

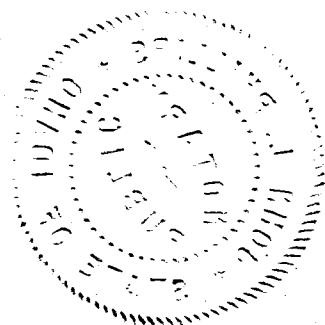
Received for filing on MAY 20 1942 by John H. [unclear] Registrar.

MAY 28 1949

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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893-211-036-296

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **346621**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Rockland</u> (c) Street Address or R.F.D. No. <u>no no</u> (d) Name of Hospital or Maternity Home: <u>at own home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>✓</u> months <u>✓</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Rockland</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Russelleta Mary Hillhouse</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Rockland, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>May 11, 1883-74</u>	
<b>6. Sex</b> <u>female</u> <b>7. Twin or Triplet</b> <u>neither</u> <b>If so (born 1st, 2nd, 3rd)</b>		<b>8. No. months of Pregnancy</b> <u>9 mon</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Robert Hillhouse</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>36</u> yrs. <b>13. Birthplace</b> <u>Chapel Hill, Scotland</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer &amp; stock-raiser</u> <b>15. Industry or Business</b> <u>Agriculture sold horses</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Eliza Esther Brownell</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>24</u> yrs. <b>19. Birthplace</b> <u>Fillmore, Utah</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>None</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>none</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....  
State of Utah County of Utah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 57 years, and that Mrs. Strawn, who attended this birth, (is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

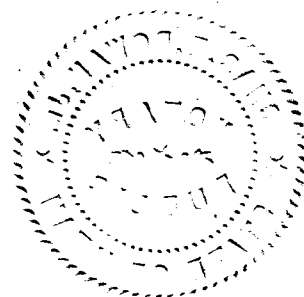
Berdie E. Hillhouse Berry Signature  
Provo, Utah P. O. Address  
Subscribed and sworn to before me this 23 day of May, 1942  
(SEAL) Chas. A. ... Notary Public, residing at Provo Utah  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Expires Aug 4, 1945  
Received for filing on MAY 25 1942 by Mary ... Registrar.

MAY 27 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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452-227-029-366

346769

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Viola  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 0 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Viola  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 10 yrs.

**4. FULL NAME OF CHILD** Ada Lonnie DeBolt  
**7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd  
**6. Sex** Female

**3. RESIDENCE OF FATHER** (city, state) Viola Idaho  
**5. Date of Birth of Child** (Month, day, year) Jan. 23-1913  
**8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

**FATHER OF CHILD**  
**10. FULL NAME** Albert Wilbur DeBolt  
**11. Color or Race** White **12. Age at time of THIS birth** 27 yrs.  
**13. Birthplace** Lafayette, Indiana  
(City or town) (State or foreign country)  
**14. Exact Occupation** Farmer  
**15. Industry or Business** .....

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** Elizabeth Lowry  
**17. Color or Race** White **18. Age at time of THIS birth** 18 yrs.  
**19. Birthplace** Viola, Illinois  
(City or town) (State or foreign country)  
**20. Exact Occupation** Home maker  
**21. Industry or Business** .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....  
**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was Born alive 12:30 P M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Marta DeBolt, who is related to this child as Aunt (First name) (Last name)  
**25. Attendant's OWN signature** x Marta DeBolt M.D. Spokane Wash Address 24829 Madison Date .....

State of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of..... }

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 59 years, and that Physician who attended this birth. Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Marta DeBolt Signature  
P. O. Address .....

Subscribed and sworn to before me this..... day of....., 19.....  
(SEAL) ..... Notary Public, residing at.....  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by Marta DeBolt Registrar.

MAY 28 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **347115**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Oneida (b) City Malad  
(c) Street Address or R.F.D. No. P.O. Box 6  
(d) Name of Hospital or Maternity Home: None  
(e) Mother's stay BEFORE delivery:  
IN THIS county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Malad  
(d) Street Address or R.F.D. No. 1  
(e) How long has MOTHER lived in Idaho? 67 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** David J Lewis  
5. Date of Birth of Child (Month, day, year) 1/14/1883  
6. Sex Male 7. Twin or Triplet None If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William D Lewis</u>	16. FULL MAIDEN NAME <u>Ann Jones Lewis</u>	17. Color <u>White</u>	18. Age at time of THIS birth <u>19</u> yrs.
11. Birthplace <u>Abernon So Wales</u>	19. Birthplace <u>Pen Cadder So Wales</u>	20. Exact Occupation <u>Farmer</u>	21. Industry or Business <u>House Wife</u>
12. Age at time of THIS birth <u>27</u> yrs.			
13. Birthplace (City or town) (State or foreign country)			
14. Exact Occupation			
15. Industry or Business			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 11 P. M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Oneida } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 59 years, and that Nellie Dudley Thomas who attended this birth was Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ann J Lewis Signature  
David J Lewis P. O. Address  
Subscribed and sworn to before me this 29 day of May 1942  
(SEAL) John H. McAllister Notary Public, residing at Malad  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on JUN 1 1942 by Marj H. Lefler Registrar.

JUN 3 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

414 123 010 386

348480

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County..... (b) City <u>Eagle Rock</u> ..... (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> ..... (b) County..... (c) City <u>Eagle Rock</u> ..... (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>William Edward Damme</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Eagle Rock Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>March 23, 1883</u>	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> <u>no</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>William Damme</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>38</u> yrs. <b>13. Birthplace</b> <u>Germany</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>cook</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Captolia Thorpe</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>23</u> yrs. <b>19. Birthplace</b> <u>Nebraska U.S.A.</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....  
**23. Number of children of this mother:** (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was..... at..... M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature**..... **M.D.**..... **Address**..... **Date**.....  
**Midwife**.....

State of Oregon.....  
County of Benton.....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 59 years, and that neither..... who attended this birth..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12th day of June, 1942.  
(SEAL) Notary Public, residing at Eugene Ore.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Marj T. Fisher, Registrar.

JUN 22 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294 220 045 -419

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. 348511  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Altonna (b) City Hailey  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Altonna  
(c) City Hailey  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 4 yrs.

4. FULL NAME OF CHILD Celia Elizabeth (Sims) Pearson

5. Date of Birth of Child (Month, day, year) May 20 - 1983

6. Sex Female 7. Twin Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Chester S. Sims  
11. Color White 12. Age at time of THIS birth 24 yrs.  
13. Birthplace Wendover, Nevada  
(City or town) (State or foreign country)  
14. Exact Occupation Stock raiser  
15. Industry or Business

MOTHER OF CHILD  
16. FULL MAIDEN NAME Lorinda Melvina Miller  
17. Color White 18. Age at time of THIS birth 23 yrs.  
19. Birthplace Wendover, Nevada  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
State of Washington County of Snohomish } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 59 years, and that Mrs. Celia (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16th day of June, 1983  
(SEAL) Raeppel Notary Public, residing at Spokane, Wn.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Signature Lahey K Sims P. O. Address 514 S. Bernard - Spokane, Wn.

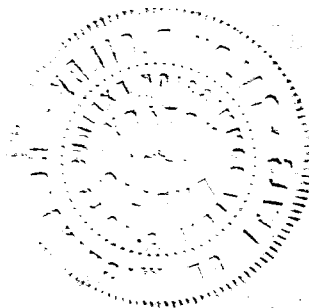
Received for filing on JUN 18 1942 by Mabel E. Nelson Registrar.

JUN 22 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

855-201001551

349911

United States (Be sure the information is as of date of birth of THIS child) State File No.  
Department of Commerce - CERTIFICATE OF BIRTH Local Reg. No.  
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>15</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Boise, Idaho</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 1, 1883</u>	

<b>4. FULL NAME OF CHILD</b> <u>BLANCHE HENDERSON</u>		6. Sex <u>Female</u>		7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
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FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>James M. Henderson</u>		<b>16. FULL MAIDEN NAME</b> <u>Louisa Neas</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>47</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>17</u> yrs.
13. Birthplace <u>Provo</u> (City or town) (State or foreign country)	<u>Utah</u>	19. Birthplace <u>Boise</u> (City or town) (State or foreign country)	<u>Idaho</u>
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's  
**OWN signature** PROVINCE ALBERTA M.D. Midwife Address Date  
State of.....ss. CANADA  
County of.....  
DOMINION

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 59 5/12 years, and that No physician or midwife who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20th day of June, 1942  
(SEAL) Notary Public Notary Public, residing at Jasper, Alberta  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code, annotated.)  
John J. [Signature] Registrar.

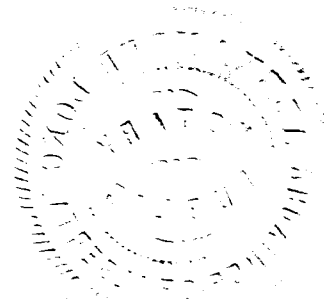
Received for filing on.....by....., Registrar.

JUN 27 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

546-224029-319

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **353241**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>Parents home</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>2</u> years <u>2</u> months <u>9</u> days <b>IN THIS</b> county		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>2</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Nellie Effietta Edwin</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd 6. Sex <u>Female</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>June 24, 1883</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
<b>FATHER OF CHILD</b> 10. <b>FULL NAME</b> <u>Charles Edwin</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Smoland, Sweden</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		<b>MOTHER OF CHILD</b> 16. <b>FULL MAIDEN NAME</b> <u>Anna Carlson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>39</u> yrs. 19. Birthplace <u>Smoland, Sweden</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>Not known</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho  
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 58 years, and that Mrs. C. P. Anderson who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Edw. S. Peterson Signature

Subscribed and sworn to before me this 129th day of July, 1945  
(SEAL) Robert W. Peterson Notary Public, residing at Moscow, Idaho  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mary E. Peterson Registrar.

14937  
AUG 10 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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363 103 044 619

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH  
STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

353314

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Wash. (b) City Weiser  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
.....  
(e) Mother's stay BEFORE delivery:  
IN THIS county 2 years  months  days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Wash.  
(c) City Weiser  
(d) Street Address or R.F.D. No. None  
(e) How long has MOTHER lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Weiser, Idaho

**4. FULL NAME OF CHILD.** Samuel Elzie Cochran

6. Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Aug. 3, 1883

8. No. months of Pregnancy 9. Legitimate?

**FATHER OF CHILD**

10. FULL NAME Izach Jefferson Cochran  
11. Color White 12. Age at time of THIS birth 25 yrs.  
13. Birthplace Chatwaka County, Kansas  
(City or town) (State or foreign country)  
14. Exact Occupation Teamster  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Sarah Albertine Fare  
17. Color White 18. Age at time of THIS birth 22 yrs.  
19. Birthplace Chatwaka County, Kansas  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Colorado County of San Juan ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....brother.....of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 58 years, and that Mary Cochran, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 1st day of Aug. 1942  
My Commission Expires Feb. 29, 1944  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Signature Ethel A. Cochran P. O. Address Liberton, Colo.  
Notary Public, residing at Liberton, Colo.

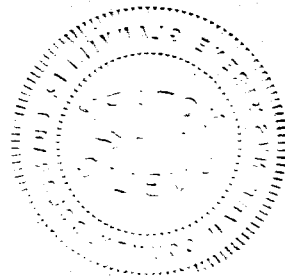
Received for filing on AUG 7 1942 by Min. J. H. H. Registrar.

746 10 10

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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962-109 001 955

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **353357**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Emmett  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Emmett  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

Frederick Roberson

5. Date of Birth of Child  
(Month, day, year) Sept. 9, 1883

6. Sex Male

7. Twin or Triplet

If so—born  
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME**

Henry Roberson

11. Color or Race white

12. Age at time of THIS birth 26 yrs.

13. Birthplace (City or town)

Idaho  
(State or foreign country)

14. Exact Occupation rancher  
15. Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Anna Reed

17. Color or Race white

18. Age at time of THIS birth 19 yrs.

19. Birthplace (City or town)

Idaho  
(State or foreign country)

20. Exact Occupation house wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife Address

Date

State of Idaho  
County of Benn. } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 58 years, and that Reed, Elsie (First name) (Last name) who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alice Riggs  
Emmett, Idaho

Signature

P. O. Address

Subscribed and sworn to before me this 5th day of August, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.)  
J. P. Reed Notary Public, residing at Emmett, Idaho

Received for filing on AUG 10 1942 by Mary J. Reed, Registrar.

AUG 13 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

215-209-029-118  
United States (Be sure the information is as of date of birth of THIS child) State File No. 355472  
Department of Commerce SEP 3 1942 CERTIFICATE OF BIRTH  
Bureau of the Census STATE OF IDAHO Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscon</u> (c) Street Address or R.F.D. No. <u>Main Street</u> (d) Name of Hospital or Maternity Home: <u>and Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscon</u> (d) Street Address or R.F.D. No. <u>4th + Main St</u> (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Lulu Edna Hanaley</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>May 29, 1883</u>	
<b>6. Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> _____ <b>If so—born</b> _____ 1st, 2nd, 3rd		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>John Hanaley</u>		<b>16. FULL MAIDEN NAME</b> <u>Ida Louise Paymell</u>	
<b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>29</u> yrs.		<b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>19</u> yrs.	
<b>13. Birthplace</b> <u>Utica New York</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Red Bluff, California</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Hotel Keeper</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> _____		<b>21. Industry or Business</b> _____	

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_  
**23.** Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (Mother, etc.) (First name) (Last name)

**25.** Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of California } ss. **AFFIDAVIT** to be completed when the attendant does not sign  
County of Yolo in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 59 years, and that Don Blake who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public in and for the County of \_\_\_\_\_  
Yolo, State of California.  
My commission expires March 20, 1944.  
Subscribed and sworn to before me this 31st day of August 1942  
(SEAL) Bealia T. Lowe Signature \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
P. O. Address \_\_\_\_\_  
1814 2705 Sacramento Calif  
Notary Public, residing at West Sacramento

Received for filing on SEP 3 1942 by Mary E. Bluff Registrar

SEP 16 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



355531

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Owyhee (b) City Burens Springs  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 2 years 2 months 0 days**4. FULL NAME OF CHILD**Granville L. Givens6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

**10. FULL NAME**Melford Robert Givens11. Color White

12. Age at time

of THIS birth 33 yrs.13. Birthplace Springfield, Illinois

(City or town)

(State or foreign country)

14. Exact

Occupation Farming

15. Industry or Business

**FATHER OF CHILD****2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Owyhee  
(c) City Burens Springs  
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 4 yrs.**3. RESIDENCE OF FATHER** (city, state) Burens Springs, Idaho

5. Date of Birth of Child

(Month, day, year) 6-20-1883

8. No. months

of Pregnancy 99. Legitimate? Yes**MOTHER OF CHILD****16. FULL MAIDEN NAME**Mattie Susan Shirley17. Color White

18. Age at time

of THIS birth 25 yrs.19. Birthplace Richmond, Mo.

(City or town)

(State or foreign country)

20. Exact

Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....

(Mother, etc.)

(First name)

(Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of.....County of.....ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

Wanda Gardner, who attended this birth.....I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Subscribed and sworn to before me this.....day of.....1942

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1942 by Marl E. Blum, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

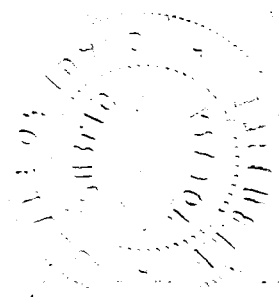
795-120-D 37-289

SEP 9 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States  
Department of Commerce  
Bureau of the Census

SEP 17 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

357249

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Bear Lake (b) City Nounan

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

Home

(e) Mother's stay **BEFORE** delivery:

IN **THIS** county 9 years months days

**4. FULL NAME OF CHILD** Earl Constantine Hix

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

10. FULL NAME Douglas Hix

11. Color or Race White 12. Age at time of THIS birth 25 yrs.

13. Birthplace Monterey California (City or town) (State or foreign country)

14. Exact Occupation Attorney

15. Industry or Business

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bear Lake

(c) City Nounan

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 67 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

5. Date of Birth of Child (Month, day, year) October 10, 1883

8. No. months of Pregnancy 9 9. Legitimate? Yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Elizabeth Chugg

17. Color or Race White 18. Age at time of THIS birth 17 yrs.

19. Birthplace South Wales (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho County of Fremont } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 58 years, and that Johan Chugg who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Hix Signature  
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of September, 19 42

(SEAL) \_\_\_\_\_ Clerk of the District \_\_\_\_\_ St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) \_\_\_\_\_ Registrar.

Received for filing on SEP 17 1942 by Mary E. Hix

SEP 28 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

692 109 036-154

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **1357296**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County **ONEIDA** (b) City **OXFORD**  
(c) Street Address or R.F.D. No. **OXFORD, IDA**  
(d) Name of Hospital or Maternity Home: **n.m.**

(e) Mother's stay **BEFORE** delivery:  
IN THIS county **5** years - months - days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **IDAHO** (b) County **ONEIDA**  
(c) City **OXFORD** (Name **BANNOCK**)  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? **5** yrs.

**3. RESIDENCE OF FATHER** (city, state) **OXFORD-IDA**

**4. FULL NAME OF CHILD** **RAY HOMER FISHER**

5. Date of Birth of Child **MAR 9-1883**  
(Month, day, year)

6. Sex **MALE** 7. Twin or **no** If so—born 8. No. months of Pregnancy **9** 9. Legitimate? **yes**  
Triplet **no** 1st, 2nd, 3rd

**FATHER OF CHILD**

**10. FULL NAME** **Wm Frederick Fisher**

11. Color **White** 12. Age at time of THIS birth **44** yrs.

13. Birthplace **Woolich - England**  
(City or town) (State or foreign country)

14. Exact Occupation **Merchant; City at Law**

15. Industry or Business **Mechanistic Eng & Legal**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** **MILLENNIUM ANDRUS**

17. Color **W** 18. Age at time of THIS birth **38** yrs.

19. Birthplace **Nauvoo ILLINOIS**  
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. **Don't know**

23. Number of children of this mother: (a) At time of birth and including this child **10** (b) Born alive and now living **7**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Address Date  
Midwife

State of **Idaho**  
County of **Bannock** } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Brother** ..... of the person whose name appears in Item 4, above, that I am now **69** years of age, that I have known this person for **59** years, and that **Dr. J. C. House** is now deceased, who attended this birth. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**George A. Fisher** Signature

**Lava Hot Springs, Idaho** P. O. Address

Subscribed and sworn to before me this **16** day of **September**, 19**42**

(SEAL)

**Notary Public**

Notary Public, residing at **Lava Hot Springs**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on **SEP 24 1942** by **Mary E. Fisher**, Registrar.

SEP 28 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719-120 014-299

357572

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**OCT 1 1942** **CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>CANYON</u> (b) City <u>Midleton,</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>CANYON</u> (c) City <u>Midleton</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>8</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Charlie Partain</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Midleton, Idaho</u>	
<b>6. Sex</b> <u>Male</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>August, 29, 1883</u>	
<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>9. Legitimate?</b> <u>Yes</u>			
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Henry Jackson Partain.</u>		<b>16. FULL MAIDEN NAME</b> <u>Mary Birdwell</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>29</u> yrs.		<b>18. Age at time of THIS birth</b> <u>32</u> yrs.	
<b>13. Birthplace</b> <u>Talking Rock, Georgia.</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Texas,</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife.</u>	
<b>15. Industry or Business</b> <u>Farming,</u>		<b>21. Industry or Business</b> _____	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** \_\_\_\_\_  
**23. Number of children of this mother:** (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive at A M. on the date \_\_\_\_\_ (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ M.D. \_\_\_\_\_  
Midwife \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Oklahoma,  
County of Mayes } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 59 years, and that Anna Chaney cannot be located, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Calvin Partain Signature  
Salina, Oklahoma, P. O. Address

Subscribed and sworn to before me this 27 day August, 1942.  
**My comm. Expires July, 22, 1943.** High Breuell Notary Public, residing at Salina, Okla.,  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1942 by Malcolm J. E. Jones, Registrar.

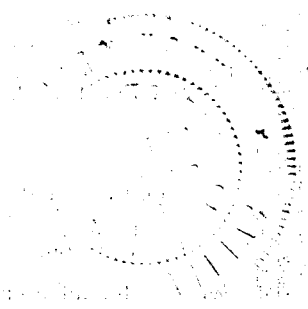
372728

OCT 2 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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799 127 042-391  
United States (Be sure the information is as of date of birth of THIS child)  
Department of Commerce OCT 5 - 1942  
Bureau of the Census

State File No. 357715  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Linn Falls (b) City Rock Creek  
(c) Street Address or R.F.D. No. R.F.D. - 3  
(d) Name of Hospital or Maternity Home: At Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Linn Falls  
(c) City Rock Creek  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 40 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** CHARLES EDWARD GRIFFITH  
7. Twin or Triplet If so - born 1st 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**10. FULL NAME** Edward Griffith  
11. Color White 12. Age at time of THIS birth 23 yrs.  
13. Birthplace Rock Creek Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Mason & mail carrier  
15. Industry or Business

**16. FULL MAIDEN NAME** Dorcas E. Craner  
17. Color White 18. Age at time of THIS birth 16 yrs.  
19. Birthplace Granville Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

**ATTENDANT'S CERTIFICATE**  
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Rock Creek Idaho on the date Sept 27 1943 (Born alive, stillborn) M. on the date  
and at the place stated above, and that personal particulars were furnished by the undersigned (First name) (Last name), who is related to this child as Father (Mother, etc.)  
25. Attendant's OWN signature Edwin Griffith M.D. Deceased Midwife Address Date  
State of Idaho County of Linn Falls ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 59 years, and that Dorcas E. Craner (First name) (Last name), who attended this birth, Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.  
Edwin Griffith Signature  
803 Jefferson P. O. Address  
Subscribed and sworn to before me this 1st day of October, 1942.  
(SEAL) B. B. Muller Notary Public, residing at LaGrande, Union  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Sept. 20, 1943  
Received for filing on OCT 5 - 1942 by Marj E. Griffin Registrar.

OCT 8 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

OCT 8 - 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357853  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Princeton  
(c) Street Address or R.F.D. No. N.  
(d) Name of Hospital or Maternity Home: Born home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 3 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho  
(c) City Princeton  
(d) Street Address or R.F.D. No. N.  
(e) How long has MOTHER lived in Idaho? 3 yrs.

4. FULL NAME OF CHILD

Richard Eldon Tribble

5. Date of Birth of Child

(Month, day, year) 4-14-1923

6. Sex Male

7. Twin or Triplet 1st

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

10. FULL NAME OF FATHER

Hubby C. Tribble

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace

(City or town) State of Mo. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business 11

16. FULL MAIDEN NAME OF MOTHER

Anna W. Jones

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace

(City or town) State of Iowa. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business 11

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address Date

State of Idaho  
County of Key Peres } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 59 years, and that Mrs. French (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 7-914, Idaho Code Annotated.)

Signature Hubby C. Tribble  
P. O. Address Idaho  
Notary Public, residing at Idaho

Received for filing on \_\_\_\_\_ by Mabel H. Hester, Registrar.

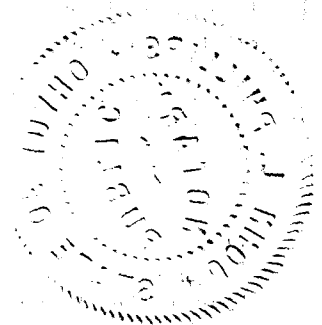
OCT 8 - 1942

OCT 9 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-126-029-533

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 1 1942

CERTIFICATE OF BIRTH  
STATE OF IDAHO

357958  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County.....Latah..... (b) City.....MOSCOW.....  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home: OCT 12 1942  
At home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 22 years months days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State.....Idaho..... (b) County.....Latah.....  
(c) City.....MOSCOW.....  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho?..... yrs.
3. RESIDENCE OF FATHER (city, state).....MOSCOW, Idaho.....

4. FULL NAME OF CHILD.....Charles Edwin Taylor.....  
5. Date of Birth of Child  
(Month, day, year).....3-26-83
6. Sex.....Male..... 7. Twin or Triplet.....  
If so—born 1st, 2nd, 3rd.....  
8. No. mpmths of Pregnancy.....  
9. Legitimate? Yes

- FATHER OF CHILD
10. FULL NAME.....William Taylor.....  
11. Color.....White..... 12. Age at time of THIS birth.....25..... yrs.  
13. Birthplace.....Illinois.....  
(City or town) (State or foreign country)  
14. Exact Occupation.....Farmer.....  
15. Industry or Business.....Farmer.....
- MOTHER OF CHILD
16. FULL MAIDEN NAME.....Martha Ann Ellis.....  
17. Color.....White..... 18. Age at time of THIS birth.....22..... yrs.  
19. Birthplace.....Walla Walla Washington.....  
(City or town) (State or foreign country)  
20. Exact Occupation.....Housewife.....  
21. Industry or Business.....Housewife.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child.....2..... (b) Born alive and now living.....1.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature..... M.D. Midwife Address Date

State of.....Arizona..... } ss.  
County of.....Maricopa..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Cousin.....of the person whose name appears in Item 4, above, that I am now.....59.....years of age, that I have known this person for.....59.....years, and that....., who attended this birth..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William M. Snow Signature  
2317 E Brill St., Phoenix, Arizona P. O. Address

Subscribed and sworn to before me this 26th day of September, 1942.  
(SEAL) Bessie Graham Notary Public, residing at Phoenix, Arizona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated by Commission Expires 4/1/44)

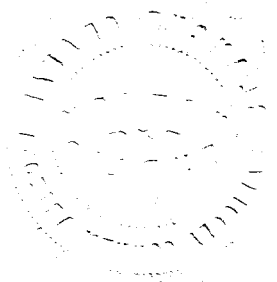
Received for filing on.....OCT 1 1942.....OCT 12 1942.....Mabel E. Butler.....Registrar.

OCT 13 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

33-126.004-962

358017

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**OCT 13 1942**

**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Bear Lake (b) City St. Charles  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home:  
In parents home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 1 years 6 months 8 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bear Lake  
(c) City St. Charles  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 1 yr. 6 mo yrs.

**3. RESIDENCE OF FATHER** (city, state) St. Charles, Idaho

**4. FULL NAME OF CHILD**

Frederick James Clark

**5. Date of Birth of Child**

(Month, day, year) December 26, 1883

**6. Sex** Male

**7. Twin or**  
Triplet

If so—born  
1st, 2nd, 3rd

**8. No. months**  
of Pregnancy nine

**9. Legitimate?** yes

**FATHER OF CHILD**

**10. FULL NAME**

Arthur Benjamin Clark

**11. Color or Race**

white

**12. Age at time**

of THIS birth 29 yrs.

**13. Birthplace**

Barking

England

(City or town)

(State or foreign country)

**14. Exact Occupation**

Dentist

**15. Industry or Business**

Own business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Helen Margaret Ross

**17. Color or Race**

white

**18. Age at time**

of THIS birth 29 yrs.

**19. Birthplace**

Salt Lake City

Utah

(City or town)

(State or foreign country)

**20. Exact Occupation**

Housewife

**21. Industry or Business**

Own home

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....

**23. Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)

(Mother, etc.)

**25. Attendant's**

**OWN signature**

Mary C. Clark

M.M.  
**Midwife**

**Address**

Now Deceased

**Date**

**State of**

Utah

**County of**

Cache

} ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the First Cousin of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 58 years, and that Mary C. Clark is now deceased who attended this birth. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur Willard Steele Signature

221 North 3rd East Logan, Utah

**P. O. Address**

Subscribed and sworn to before me this 12th day of October

19 42

(SEAL)

Neva Cardon

Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on

**OCT 13 1942**

by

Mary C. Clark

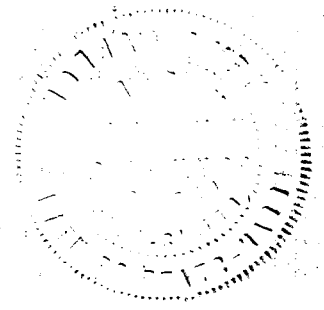
Registrar.

10788  
OCT 14 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-227-036-418

358092

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Oneida (b) City Franklin  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Residence  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 11 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Oneida  
(c) City Franklin  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

**3. RESIDENCE OF FATHER** (city, state) Franklin, Ida.

**4. FULL NAME OF CHILD**

Emma Handy

**5. Date of Birth of Child**

(Month, day, year) 8/27/1883

**6. Sex** Female

**7. Twin or Triplet**

**If so—born**  
**1st, 2nd, 3rd**

**8. No. months of Pregnancy** 9

**9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME**

James Henry Handy

**11. Color or Race** White

**12. Age at time of THIS birth** 28 yrs.

**13. Birthplace** Stratford on Avon, England  
(City or town) (State or foreign country)

**14. Exact Occupation** Carpenter

**15. Industry or Business** Carpenter

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Lucy Day

**17. Color or Race** White

**18. Age at time of THIS birth** 28 yrs.

**19. Birthplace** Bountiful, Utah  
(City or town) (State or foreign country)

**20. Exact Occupation** Housewife

**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** None

**23. Number of children of this mother:** (a) At time of birth and including this child 6 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature**

**M.D.**  
**Midwife Address**

**Date**

State of Idaho  
County of Franklin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 59 years, and that

Ellen Morgan, who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

*S. J. Handy*  
*Franklin Idaho*

Signature

P. O. Address

Subscribed and sworn to before me this 13 day of October, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Lester Idaho

Received for filing on Oct 15 1942 by Mary E. Leach, Registrar.

OCT 16 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-202-016-913

358118

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **358118**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County _____ (b) City <u>Albion</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>2</u> years _____ months _____ days _____		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County _____ (c) City <u>Albion</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>3</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Catherine Corneille Cooper</u> <b>6. Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> _____ <b>If so—born</b> _____ 1st, 2nd, 3rd		<b>5. Date of Birth of Child</b> (Month, day, year) <u>March 2, 1883</u> <b>8. No. months of Pregnancy</b> _____ <b>9. Legitimate?</b> _____	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Thomas Matarnie Cooper</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>36</u> yrs. <b>13. Birthplace</b> (City or town) <u>St. Louis Co. Illinois</u> (State or foreign country) <b>14. Exact Occupation</b> <u>Stone Mason</u> <b>15. Industry or Business</b> <u>Same</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Rose Ann Rathbone</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>27</u> yrs. <b>19. Birthplace</b> (City or town) <u>Lin Co Kansas</u> (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> _____ <b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D.** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_

State of Idaho } ss.  
County of Ada

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for Life time years, and that Dr. Cope, who attended this birth Deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Rose Jackson Signature  
P. O. Address \_\_\_\_\_

Subscribed and sworn to before me this 20 day of August, 1944

(SEAL) Notary Public Notary Public, residing at Boise  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 22 1942 by Mary Elder, Registrar.

OCT 22 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar for record in~~ the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-112-20-254

359577

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.  
Local Reg. No.  
Reg. Dist. No.

**CERTIFICATE OF BIRTH**

OCT 27 1942

STATE OF IDAHO

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Bonneville (b) City Menan  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
Home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bonneville  
(c) City Menan, Idaho  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Menan, Idaho

**4. FULL NAME OF CHILD**

Oswald D. Ellis

**5. Date of Birth of Child**

(Month, day, year) 12-12-83

**6. Sex** Male

**7. Twin or**  
Triplet

If so—born  
1st, 2nd, 3rd

**8. No. months**  
of Pregnancy 9

**9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME**

William H. Ellis

**11. Color**  
or **Race** White

**12. Age at time**  
of THIS birth 35 yrs.

**13. Birthplace**

Quennstown, Africa  
(City or town) (State or foreign country)

**14. Exact**  
Occupation Farmer

**15. Industry or**  
Business Farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Elizabeth Anne Beutler

**17. Color**  
or **Race** White

**18. Age at time**  
of THIS birth 28 yrs.

**19. Birthplace**

Berne, Switzerland  
(City or town) (State or foreign country)

**20. Exact**  
Occupation Housewife

**21. Industry or**  
Business

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.**

**23. Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

**25. Attendant's**  
**OWN signature**

**M.D.**  
**Midwife Address**

**Date**

State of Idaho  
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 59 years, and that

Mrs. Poole

(First name)

(Last name)

, who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Ellis

Signature

Inkom, Idaho.

P. O. Address

Subscribed and sworn to before me this 26th day of October

19 42

(SEAL)

H. P. Bassett, Jr.

Notary Public, residing at Inkom, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 11-914, Idaho Code Annotated.)

Received for filing on

OCT 27 1942

by

Marj T. Baker

Registrar.

OCT 30 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



386-204. 101-235

359719

359719

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. <b>PLACE OF BIRTH</b> (All items at time of this birth)		2. <b>USUAL RESIDENCE OF MOTHER</b> (At time of this birth)	
(a) County <u>Ada</u> (b) City .....		(a) State <u>Idaho</u> (b) County <u>Ada</u>	
(c) Street Address or R.F.D. No. ....		(c) City .....	
(d) Name of Hospital or Maternity Home: .....		(d) Street Address or R.F.D. No. ....	
(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <u>One</u> years months days		(e) How long has <b>MOTHER</b> lived in Idaho? <u>One</u> yrs.	

4. <b>FULL NAME OF CHILD</b> <u>Stella Irene Thornton</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 4, 1893</u>	
6. Sex <u>Female</u> 7. Twin or Triplet		8. No. months of Pregnancy	
If so—born 1st, 2nd, 3rd <u>Sixth</u>		9. Legitimate? <u>Yes</u>	

<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
10. <b>FULL NAME</b> <u>Archibald Thistle Thornton</u>		14. <b>FULL MAIDEN NAME</b> <u>Frances Clementine Steele</u>	
11. Color or Race <u>White</u>		15. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>36</u> yrs.		16. Age at time of THIS birth <u>34</u> yrs.	
13. Birthplace <u>Warrensburg, Missouri</u> (City or town) (State or foreign country)		17. Birthplace <u>Warrensburg, Missouri</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer &amp; Stockman</u>		18. Exact Occupation <u>Housewife</u>	
15. Industry or Business		19. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.  
County of Canyon

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 59 years, and that Mr Smith, who attended this birth, deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lou A McClasran Signature  
1910 N 8th Boise, Ida P. O. Address

Subscribed and sworn to before me this 16th day of Nov, 1942

(SEAL) [Signature] Notary Public, residing at [Address]  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mary Elder, Registrar.

NOV 17 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613-102-036-515

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

NOV 2 1942 STATE OF IDAHO

State File No. **359756**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Oneida (b) City Preston  
(c) Street Address or R.F.D. No. 2  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Oneida  
(c) City Preston  
(d) Street Address or R.F.D. No. 2  
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Preston, Ida.

**4. FULL NAME OF CHILD** Albert Edward Walker

5. Date of Birth of Child  
(Month, day, year) Jan. 2, 1883

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

**MOTHER OF CHILD**

10. **FULL NAME** Thomas Edward Walker  
11. Color White 12. Age at time of THIS birth 20 yrs.  
13. Birthplace Three Mile Creek, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business .....

16. **FULL MAIDEN NAME** Alice Rebecca VanNoy  
17. Color White 18. Age at time of THIS birth 20 yrs.  
19. Birthplace Ogden, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 11

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Address ..... Date .....

State of Idaho }  
County of Franklin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 59 years, and that Dily VanNoy who attended this birth is now deceased. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elmira Smith ✓ Signature

Subscribed and sworn to before me this 31 day of October 1942  
(SEAL) Clayton Harn Notary Public, residing at Preston Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Maude E. E. E. E. Registrar.

NOV 6 1946

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763 231 035-863

359908

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth).

(a) County My Puce (b) City Leoviston  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 5 years months days

**4. FULL NAME OF CHILD** dane ANN Goldsmith

6. Sex Female 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

10. FULL NAME Martin Luther Goldsmith  
11. Color white 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Alshan England  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County My Puce  
(c) City Leoviston  
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Leoviston Idaho

5. Date of Birth of Child (Month, day, year) 10/31-1883

8. No. months of Pregnancy 9 9. Legitimate? yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Margaret Ann Hall  
17. Color white 18. Age at time of THIS birth 27 yrs.  
19. Birthplace Sunderland England  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of My Puce } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 58 years, and that

(First name) (Last name), who attended this birth Not known I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John E. Goldsmith Signature  
P. O. Address

Subscribed and sworn to before me this 21 day of July, 1942

(SEAL) Notary Public Notary Public, residing at Leoviston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mary E. Hefner Registrar.

NOV 12 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

245 107004-249

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **360096**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Bear Lake (b) City Paris  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county 8 years - months - days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bear Lake  
(c) City Paris  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Paris Idaho

**4. FULL NAME OF CHILD** Ferdinand Buehler

5. Date of Birth of Child Aug 7 1883  
(Month, day, year)

6. Sex Male 7. Twin or Triplet If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**10. FULL NAME** John Buehler

**16. FULL MAIDEN NAME** Rosina Burri

11. Color or Race White 12. Age at time of THIS birth 40 yrs.

17. Color or Race white 18. Age at time of THIS birth 32 yrs.

13. Birthplace (City or town) (State or foreign country) Switzerland

19. Birthplace (City or town) (State or foreign country) Switzerland

14. Exact Occupation Farmer

20. Exact Occupation Housewife

15. Industry or Business 11

21. Industry or Business 11

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10 P. M. on the date Aug 7 1883 and at the place stated above, and that personal particulars were furnished by Rosina Buehler, who is related to this child as Mother (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah County of Cache } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 50 years, and that Emmanuel Reck, who attended this birth, now deceased (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry A. Buehler Signature

P. O. Address

Subscribed and sworn to before me this 16th day of November 1942

(SEAL) L. E. Nelson Notary Public, residing at Logan

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 12 1942 by Mary Buehler Registrar.

NOV 16 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 32, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



363-116-030-253

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **361505**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>LEMHI</u> (b) City <u>SALMON</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: ..... (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <u>4</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>LEMHI</u> (c) City <u>SALMON</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>4</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>ORA COCKRELL</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>SAME</u>	

<b>6. Sex</b> <u>male</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>NOVEMBER 16, 1883</u>	
<b>7. Twin or Triplet</b>		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>9. Legitimate?</b> <u>yes</u>			

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>CHARLES WASHINGTON COCKRELL</u> <b>11. Color or Race</b> <u>WHITE</u> <b>12. Age at time of THIS birth</b> <u>30</u> yrs. <b>13. Birthplace</b> <u>WASHINGTON D. C.</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>FREIGHTER &amp; RANCHER</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>MARY ELLEN BELL</u> <b>17. Color or Race</b> <u>WHITE</u> <b>18. Age at time of THIS birth</b> <u>26</u> yrs. <b>19. Birthplace</b> <u>OGDEN UTAH</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>HOUSEWIFE</u> <b>21. Industry or Business</b>	
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**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** 0

**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
 (First name) (Last name)  
 (Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D. Midwife Address** ..... **Date** .....

State of IDAHO } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
 County of LEMHI

I, the undersigned, being first duly sworn, say that I am the FRIENDS OF PARENTS of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 59 years, and that the midwife ..... who attended this birth is now deceased I further state that  
 (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 199, 1937 Session Laws.

*William C. Smith* Signature

SALMON, IDAHO P. O. Address

Subscribed and sworn to before me this 18th day of NOVEMBER, 1942

(SEAL) *Maurice C. McBride* Notary Public, residing at SALMON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by *Mary E. Elder* Registrar.

NOV 27 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

818-118-029-355

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **361610**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: .... (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <u>Idaho</u> years <u>3</u> months <u>15</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County .... (c) City <u>Moscow</u> ✓ (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>6</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Myron Manley Hayden</u> 7. Twin or Triplet <u>No</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>12-18-1883</u>	
<b>6. Sex</b> <u>male</u> <b>FATHER OF CHILD</b> 10. FULL NAME <u>Return R. Hayden</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>50</u> yrs. 13. Birthplace <u>Wisconsin</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>"</u>		<b>MOTHER OF CHILD</b> 16. FULL MAIDEN NAME <u>Maria Jennison</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>40</u> yrs. 19. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>"</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>✓</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>10</u> (b) Born alive and now living <u>10</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10-15 P.M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Emma A. Stratton, who is related to this child as Sister age 76 (Mother, etc.)  
25. Attendant's OWN signature Mrs E H Stratton M.D. Midwife Address 5029 route 2 Date Nov 9-1942

State of Washington }  
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... of the person whose name appears in Item 4. above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs E H Stratton Signature  
E Geruhel Jacoma O. Address

Subscribed and sworn to before me this 4th day of November 19 42  
(SEAL) Theo. A. Gram Notary Public, residing at Jacoma  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel J. Fisher, Registrar.

DEC 1 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

264-116-016-266

361755

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>CASSIA</u> (b) City <u>MALTA, IDA.</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>BORN at HOME</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>IN THIS</u> county <u>2</u> years <u>0</u> months <u>0</u> days	<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>CASSIA</u> (c) City <u>MALTA</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>2</u> yrs.
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<b>4. FULL NAME OF CHILD</b> <u>WILLIAM BOWEN BOWLWAKE</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>MARCH 16, 1933</u>
<b>6. Sex</b> <u>MALE</u> <b>7. Twin or Triplet</b> <u>0</u> <b>If so—born</b> <u>1st, 2nd, 3rd</u>	<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>YES</u>

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>JOHN BAXTER BOWLWAKE</u>	<b>16. FULL MAIDEN NAME</b> <u>SARAH ZYLPHA BOWEN</u>		
<b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>59</u> yrs.	<b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>30</u> yrs.		
<b>13. Birthplace</b> <u>Missouri</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>BEAVER DAM, UTAH</u> (City or town) (State or foreign country)		
<b>14. Exact Occupation</b> <u>FARMING</u>	<b>20. Exact Occupation</b> <u>Housewife</u>		
<b>15. Industry or Business</b> <u>FARMING</u>	<b>21. Industry or Business</b> <u>Housewife</u>		

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child ..... (b) Born alive and now living .....

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Cassia }

I, the undersigned, being first duly sworn, say that I am the mother-in-law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 59 years, and that Mary Ann Lounsbury (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Maggie E. Scott Signature  
Malta Idaho P. O. Address

Subscribed and sworn to before me this 28 day of November, 1942.  
(SEAL) Henry Thompson Notary Public, residing at Malta, Idaho.  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Marl E. Eder Registrar.

DEC 4 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



595-112-075-353

361835

362835

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. <u>Tammany Hollow</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay <b>BEFORE</b> delivery: <u>17</u> years <u>11</u> months <u>17</u> days <b>IN THIS county</b>		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. <u>Tammany Hollow</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>19</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>TAMMANY CLYDE VINCENT</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Lewiston, Idaho</u>	
<b>6. Sex</b> <u>Male</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>12-12-1983</u>	
<b>7. Twin or Triplet</b> <u>Triplet</u>		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>9. Legitimate?</b> <u>Yes</u>		<b>10. Full Name of Father of Child</b> <u>JOSEPH KIMBLE VINCENT</u>	
<b>11. Color or Race</b> <u>White</u>		<b>12. Age at time of THIS birth</b> <u>61</u> yrs.	
<b>13. Birthplace</b> <u>Salem, Massachusetts</u> (City or town) (State or foreign country)		<b>14. Exact Occupation</b> <u>Police Judge</u>	
<b>15. Industry or Business</b> <u>Operated Hotel</u>		<b>16. Full Maiden Name</b> <u>ELIZABETH MARION DELAND</u>	
<b>17. Color or Race</b> <u>White</u>		<b>18. Age at time of THIS birth</b> <u>37</u> yrs.	
<b>19. Birthplace</b> <u>Pawtucket, Rhode Island</u> (City or town) (State or foreign country)		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>21. Industry or Business</b> _____		<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>Not known. Eye sight still perfect.</u>	
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>9</u> (b) Born alive and now living <u>8</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN signature** \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of California } ss.  
County of Humboldt

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older sister of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 58 years, and that Mrs. Crawford is now dead, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Estelita B. Scott

Signature

Fortuna, California P. O. Address

Subscribed and sworn to before me this 5th day of November, 1942

(SEAL)

Paul A. Lauer

Notary Public, residing at Eureka, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 9 1942 by Edward H. Fisher Registrar.

Mother-daughter of Mr. & Mrs. Alonzo Leland she  
Arrived in Lewiston, Idaho October 14, 1864.  
Father arrived in Lewiston, Idaho Dec. 7, 1860.

Father & Mother married Dec. 25, 1865. in Lewiston, Idaho.

DEC 10 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-118-003-396

United States (Be sure the information is as of date of birth of THIS child) State File No. \_\_\_\_\_  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. \_\_\_\_\_  
Bureau of the Census DEC 4 - 1942 STATE OF IDAHO Reg. Dist. No. \_\_\_\_\_

361882

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Bannock (b) City Mink Creek  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: at private home of parents  
(e) Mother's stay BEFORE delivery: \_\_\_\_\_  
IN THIS county 3 years \_\_\_\_\_ months \_\_\_\_\_ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Mink Creek  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho, Utah

4. FULL NAME OF CHILD Alexander Crompton Baird 5. Date of Birth of Child (Month, day, year) 1/18/1933

6. Sex male 7. Twin or Triplet \_\_\_\_\_ If so—born \_\_\_\_\_ 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alexander Baird  
11. Color or Race white 12. Age at time of THIS birth 51 yrs.  
13. Birthplace Paisley, Scotland  
14. Exact Occupation Sailor 20 years in U.S. Navy  
15. Industry or Business Tent and Awning Maker

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Ann Crompton  
17. Color or Race white 18. Age at time of THIS birth \_\_\_\_\_ yrs.  
19. Birthplace England  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Utah } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  
County of Box Elder

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 59 years, and that midwife name unknown, who attended this birth, deceased now. I further state that \_\_\_\_\_ (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John E. Baird Signature  
My Com. Exp. Mar. 17-1946 107 So. 3rd East St. Brigham City, Utah Address  
Subscribed and sworn to before me this 28th day of November, 1942  
(SEAL) Edwin Baird Notary Public, residing at Brigham, Utah  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 - 1942 by Marl E. Elder Registrar.

DEC 7 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-219-016-254

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **362082**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Cassia (b) City .....  
(c) Street Address or R.F.D. No. .....  
(d) Name of Hospital or Maternity Home: at Eight Mile Ranch, Idaho  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 6 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Cassia  
(c) City .....  
(d) Street Address or R.F.D. No. .....  
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Ida Hester Neal

**5. Date of Birth of Child**  
(Month, day, year) 1883, Aug 19

**6. Sex** Female **7. Twin or Triplet** ..... If so—born 1st, 2nd, 3rd

**8. No. months of Pregnancy** ..... **9. Legitimate?** .....

**FATHER OF CHILD**

**10. FULL NAME** Newton Neal  
**11. Color or Race** White **12. Age at time of THIS birth** ..... yrs.  
**13. Birthplace** Virginia  
(City or town) (State or foreign country)  
**14. Exact Occupation** Teacher  
**15. Industry or Business** .....

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Leafy Kempton  
**17. Color or Race** White **18. Age at time of THIS birth** 19 yrs.  
**19. Birthplace** Utah  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....  
**23. Number of children of this mother:** (a) At time of birth and including this child ..... (b) Born alive and now living .....

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D. Midwife Address** ..... **Date** .....

State of Utah }  
County of Box Elder } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 24 above, that I am now 62 years of age, that I have known this person for 39 years, and that Eliza Pence who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lee Neal Signature

Subscribed and sworn to before me this 10 day of Dec, 1942

(SEAL) D. Chester Loveland Notary Public, residing at Yost St  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1942 by ..... Registrar.

DEC 14 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

293-216-029 713

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **362183**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Viola</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>6</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Viola</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>6</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Elitha Minerva Sills</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>March 16, 1883</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> <u>No</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>George Matsen Sills</u>		<b>16. FULL MAIDEN NAME</b> <u>Mary Ann Galloway</u>	
<b>11. Color or Race</b> <u>White</u>	<b>12. Age at time of THIS birth</b> <u>44</u> yrs.	<b>17. Color or Race</b> <u>White</u>	<b>18. Age at time of THIS birth</b> <u>24</u> yrs.
<b>13. Birthplace</b> <u>Kansas</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Monroe County, Missouri</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>House wife</u>	
<b>15. Industry or Business</b> <u>11</u>		<b>21. Industry or Business</b> <u>11</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>None</u>		<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2nd</u> (b) Born alive and now living <u>2</u>	

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was Alive at 2nd M. on the date 2 (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by None, who is related to this child as None (First name) (Last name)

**25. Attendant's OWN signature** Idaho **M.D.** Idaho **Midwife** Idaho **Address** Idaho **Date** Idaho  
State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the old friend of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 57 years, and that Idaho who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14 day of Dec. 1937  
(SEAL) Idaho Notary Public, residing at Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

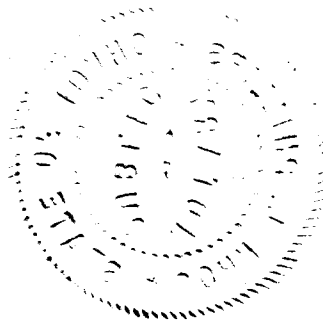
Received for filing on DEC 14 1937 by Idaho Registrar.

DEC 17 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-124-32-929

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **362185**  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Lincoln (b) City Shoshone  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay **BEFORE** delivery:  
IN THIS county 1 year + months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Lincoln  
(c) City Shoshone  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? one yrs.

**3. RESIDENCE OF FATHER** (city, state) Shoshone

**4. FULL NAME OF CHILD** Fred Richard Connell

5. Date of Birth of Child  
(Month, day, year) Sept 24, 1883

6. Sex Male 7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Richard Connell  
11. Color White 12. Age at time of THIS birth 30 yrs.  
13. Birthplace Olean, New York  
(City or town) (State or foreign country)  
14. Exact Occupation Medical Doctor  
15. Industry or Business Physician

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Elizabeth Israel  
17. Color white 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Des Moines Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum sister  
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Oregon  
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 92 years of age, that I have known this person for 59 years, and that Richard Connell who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.  
(First name) (Last name) (Is now deceased) (Cannot be located)

Lawrence Connell Signature

3512 SE 67th Ave. Portland, Oregon P. O. Address

Subscribed and sworn to before me this 10th day of December 1942

(SEAL) Rose E. Thompson Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by John H. Butler, Registrar.

DEC 17 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

437 719 006 796

363621

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County BINGHAM (b) City EAGLE ROCK  
(c) Street Address or R.F.D. No. Now AMERICAN FALLS  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay **BEFORE** delivery  
IN THIS county 2 years 3 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County BINGHAM  
(c) City EAGLE ROCK Now AMERICAN FALLS  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 2 1/4 yrs.  
3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** CLYDE JAMES McPHERSON

5. Date of Birth of Child Oct. 19, 1883  
(Month, day, year)

6. Sex MALE 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** JOHN KENNEDY McPHERSON  
11. Color or Race WHITE 12. Age at time of THIS birth \_\_\_\_\_ yrs.  
13. Birthplace \_\_\_\_\_ (City or town) \_\_\_\_\_ (State or foreign country)  
14. Exact Occupation MACHINIST  
15. Industry or Business UNION PACIFIC R.R.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** LUCY GROVER  
17. Color or Race WHITE 18. Age at time of THIS birth \_\_\_\_\_ yrs.  
19. Birthplace LENOX OHIO (City or town) (State or foreign country)  
20. Exact Occupation HOUSEWIFE  
21. Industry or Business OWN HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Ag. X.R.  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho }  
County of Boone } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 58 years, and that Dr. Bean who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Lily J. McPherson Signature  
X Boone Jarva P. O. Address

Subscribed and sworn to before me this 15th day of December, 1942

(SEAL) J. V. Johnson Notary Public, residing at Boone

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JAN 5 1943 by Mary E. [unclear] Registrar.

JAN 5 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

364028

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City MOSCOW  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Own Home  
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years 6 months    days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City MOSCOW  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) MOSCOW, Ida.

4. **FULL NAME OF CHILD** Hattie Rosalea Wolfenberger  
5. Date of Birth of Child (Month, day, year) Sept. 2, 1883  
6. Sex Female 7. Twin or Triplet - If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** James Alva Wolfenberger  
11. Color or Race White 12. Age at time of THIS birth 43 yrs.  
13. Birthplace Union Co. Tennessee  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business -

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Sarah Emaline Branson  
17. Color or Race White 18. Age at time of THIS birth 23 yrs.  
19. Birthplace Union Co. Tennessee  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum -  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
(First name) (Last name)  
related to this child as .....  
(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Address Date  
Midwife

State of Idaho }  
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 59 years, and that Rebecca Jane Wolfenberger, who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

*George W. Walters*

Signature  
Republic, Washington, RFD, Box 89 P. O. Address

Subscribed and sworn to before me this 21st day of January, 1943

(SEAL)

*Bessie Babcock*

County Auditor

Notary Public, residing at MOSCOW, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1943 by Mabel E. Eber, Registrar.

JAN 27 1943

JUN 15 1961

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381 119 003 449

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

365429

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Carmack (b) City Thatcher  
(c) Street Address or R.F.D. No. ✓  
(d) Name of Hospital or Maternity Home: ✓  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county 1 years 9 months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Carmack  
(c) City Thatcher  
(d) Street Address or R.F.D. No. ✓  
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

4. **FULL NAME OF CHILD** William Wallace Thatcher 5. Date of Birth of Child Oct. 19th 1883  
(Month, day, year)

6. Sex Male 7. Twin or Triplet ✓ If so born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** John B. Thatcher Jr  
11. Color White 12. Age at time of THIS birth 25 yrs.  
13. Birthplace Payson Utah (City or town) (State or foreign country)  
14. Exact Occupation Farming & Ranching  
15. Industry or Business ✓

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Helen Muir  
17. Color White 18. Age at time of THIS birth 30 yrs.  
19. Birthplace Beautiful Utah (City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None  
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living ✓

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was None at None M. on the date None (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by None, who is related to this child as None (Mother, etc.)

25. Attendant's **OWN** signature None M.D. None Address None Date None

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Idaho

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 59 years, and that None, who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest Thatcher Signature  
2630 Adams Ave., Ogden Utah P. O. Address  
Subscribed and sworn to before me this 9th day of January, 1943  
(SEAL) P. M. Enolan Notary Public, residing at Ogden Utah  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires Sept. 12, 1943

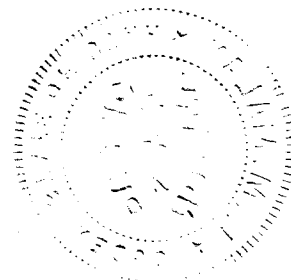
Received for filing on JAN 28 1943 by Marj 26 Enolan, Registrar.

JAN 29 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

466-121-019-397

365487

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.  
Local Reg. No.  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Custer</u> (b) City <u>Bonanza</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State (b) County (c) City (d) Street Address or R.F.D. No. (e) How long has <b>MOTHER</b> lived in Idaho? yrs.	
<b>4. FULL NAME OF CHILD</b> <u>John LIFE MOORE</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>May 21-1883</u>	
<b>6. Sex</b> <u>MALE</u> <b>7. Twin or Triplet</b> <u>1st</u> <b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>Yes</u>		<b>3. RESIDENCE OF FATHER</b> (city, state)	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>John MOORE</u> <b>11. Color or Race</b> <u>WHITE</u> <b>12. Age at time of THIS birth</b> <u>36</u> yrs. <b>13. Birthplace</b> <u>DUBLIN IRELAND</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>MERCHANT &amp; MINER</u> <b>15. Industry or Business</b> <u>GOLD MINING</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Viola Ruth LIFE</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>23</u> yrs. <b>19. Birthplace</b> <u>Du Quoin ILLINOIS</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.**  
**23. Number of children of this mother:** (a) At time of birth and including this child ONE (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** ..... M.D. Address Date

State of ILLINOIS  
County of DEKALB ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Step father of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 57 years, and that Unknown to me who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X-John H. Hobarth Signature

Subscribed and sworn to before me this 2nd day of January, 1943  
(SEAL) W. B. Borschman Notary Public, residing at Franklin  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1943 by Marj T. Egan Registrar.

FEB 2 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



258-103001 456

367219

367219

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Charles Walter Seydell  
5. Date of Birth of Child (Month, day, year) July 3, 1883  
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD   |  | MOTHER OF CHILD   |  |
|---|--|---|--|
| 10. <b>FULL NAME</b> <u>Charles Wilson Seydell</u>                      |  | 16. <b>FULL MAIDEN NAME</b> <u>Sarah S. Dewies</u>                              |  |
| 11. Color or Race <u>W</u>  | 12. Age at time of THIS birth <u>26</u> yrs. | 17. Color or Race <u>W</u>  | 18. Age at time of THIS birth <u>20</u> yrs. |
| 13. Birthplace <u>Iowa</u><br>(City or town) (State or foreign country) |  | 19. Birthplace <u>Amity Oregon</u><br>(City or town) (State or foreign country) |  |
| 14. Exact Occupation <u>Carpenter</u>                                   |  | 20. Exact Occupation <u>Housewife</u>   |  |
| 15. Industry or Business  |  | 21. Industry or Business  |  |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date  
Midwife

State of Idaho } ss.  
County of Ada

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 55 years, and that midwife who attended this birth now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3rd day of March, 1943  
(SEAL) Pauline Ambrose Notary Public, residing at Boise  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar. 3 - 1943 by Mabel E. Eber Registrar.

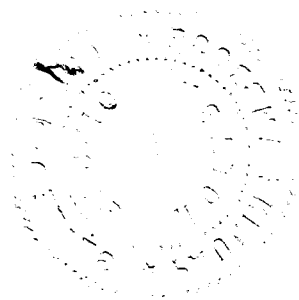
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

315 123016 515

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. **367357**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Cassia (b) City Oakley  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: HOME

(e) Mother's stay **BEFORE** delivery:  
IN THIS county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Cassia  
(c) City Oakley  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Oakley, Idaho

5. Date of Birth of Child  
(Month, day, year) July 23, 1883

**4. FULL NAME OF CHILD**

Nathan Henry Tanner

6. Sex Male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME**

Alva Amasa Tanner

11. Color  
or Race white

12. Age at time  
of THIS birth 34 yrs.

13. Birthplace

South Cottonwood, Utah  
(City or town) (State or foreign country)

14. Exact  
Occupation

Farmer

15. Industry or  
Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Mary Louisa VanValkenberg

17. Color  
or Race White

18. Age at time  
of THIS birth 27 yrs.

19. Birthplace

Union Fort, Salt Lake City, Utah  
(City or town) (State or foreign country)

20. Exact  
Occupation

housewife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.

Midwife Address

Date

State of Idaho  
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears  
in Item 4, above, that I am now 81 years of age, that I have known this person for 59 years, and that  
(Mother, etc.)

Robert W. Robinson who attended this birth cannot be located I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Joseph W. Wilson

Signature

Oakley Idaho

P. O. Address

Subscribed and sworn to before me this 20 day of February 19 43

(SEAL)

Notary Public, residing at Oakley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAR 1 - 1943 by Mary Elder, Registrar.

MAR 1

1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **367616**  
Local Reg. No. ....  
Reg. Dist. No. ....

**MAR - 8 1943**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Cassia (b) City Sublett  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Cassia  
(c) City Sublett  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

Charles Kernsley

**5. Date of Birth of Child**

(Month, day, year) Dec 15 - 1883

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Jesse R. Kernsley  
11. Color or Race white 12. Age at time of THIS birth ..... yrs.  
13. Birthplace England (City or town) (State or foreign country)  
14. Exact Occupation Sheep man  
15. Industry or Business .....

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Eliza King  
17. Color or Race white 18. Age at time of THIS birth ..... yrs.  
19. Birthplace (City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at ..... M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

25. Attendant's OWN signature Mrs. Persis H. ... (Mother, etc.) M.D. Midwife Address Sublett Date 6 1943

State of .....  
County of ..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature .....

P. O. Address .....

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL)

Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR - 8 1943** by Mary E. Elder, Registrar.

FEB 20 1944

JAN 14 1954

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

357 107 035 269

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **370847**

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH:  
(a) County Nez Perce (b) City Genesee  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: None  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
In THIS county \_\_\_\_\_ years 9 month 25 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Nez Perce  
(c) City Genesee  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 9 mo. yrs.  
(f) Mother's mailing address Genesee  
3. RESIDENCE of FATHER (city, state): Genesee, Ida

4. FULL NAME OF CHILD Oscar Ira Tegland

5. Date of Birth  
(Month, day, year) Feb. 7 1883

6. Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? yes

### FATHER OF CHILD

### MOTHER OF CHILD

10. FULL NAME George Tegland  
11. Color white 12. Age at time of THIS birth 27 yrs.  
13. Birthplace New Ark Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farmer

16. FULL MAIDEN NAME Jennie Borgen  
17. Color White 18. Age at time of THIS birth 21 yrs.  
19. Birthplace Christania, Norway  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 3  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) APR 27 1943 (Mother, etc.)  
(Date received) (b) [Signature] (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Washington } ss.  
County of Lewis

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Tegland, being first duly sworn, say that I am related to Oscar Ira Tegland as father (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Johanna Freng, who attended said birth is now deceased (Name of attendant at birth)  
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George Tegland Signature  
1089 Main St. Chehalis Wn P.O. Address

Subscribed and sworn to before me on this 13<sup>th</sup> day of January, 1941

(SEAL)

M. M. Pucke Notary Public, residing at Chehalis

APR 27 1913

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





367-106-014-791

372616

372616

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)
  - (a) County Canyon
  - (b) City Caldwell
  - (c) Street Address or R.F.D. No. ....
  - (d) Name of Hospital or Maternity Home: None
  - (e) Mothers stay **BEFORE** delivery:  
In **THIS** county 3 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
  - (a) State Idaho
  - (b) County Canyon
  - (c) City Caldwell
  - (d) Street Address or R.F.D. No. ....
  - (e) How long has **MOTHER** lived in Idaho? 9 yrs.
3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Henry Clay Cox
5. Date of Birth of Child (Month, day, year) 9-6-83
6. Sex male
  7. Twin or Triplet
  - If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

- | FATHER OF CHILD                       |   | MOTHER OF CHILD                         |  |
|---------------------------------------|---|---|--|
| 10. <b>FULL NAME</b> <u>Henry Cox</u> | 16. <b>FULL MAIDEN NAME</b> <u>Fanny Gray</u> | 17. Color <u>white</u>                  | 18. Age of time of THIS birth <u>23</u> yrs. |
| 11. Color or Race <u>white</u>        | 12. Age at time of THIS birth <u>37</u> yrs.  | 19. Birthplace <u>Newport Tenn.</u>     | (City or town) (State or foreign country)    |
| 13. Birthplace <u>Missouri</u>        |   | 20. Exact Occupation <u>Housekeeper</u> |  |
| 14. Exact Occupation <u>Farmer</u>    |   | 21. Industry or Business                |  |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date  
Midwife

State of Idaho } ss.  
County of Canyon

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 59 years, and that Mrs. Lament Midwife, who attended this birth, now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anderson M. Cox Signature  
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of May, 1943.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mary E. Edgar Registrar.

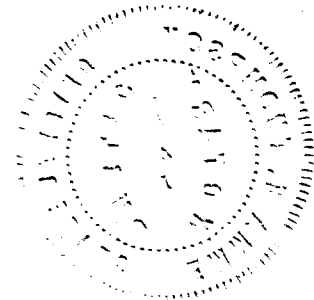
JUN 14 1943

JUN 14 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

395-122-028-455

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **372735**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Kootenai (b) City Coeur d'Alene  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Kootenai  
(c) City Coeur d'Alene  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

4. **FULL NAME OF CHILD** Thomas Merton Linton

5. Date of Birth of Child  
(Month, day, year) Aug. 22, 1883

6. Sex Male  
7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7 mo. 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Henry John Linton  
11. Color or Race White 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Exact Occupation Hotel Business  
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Dickinson  
17. Color or Race White 18. Age at time of THIS birth 16 yrs.  
19. Birthplace  Iowa   
(City or town) (State or foreign country)  
20. Exact Occupation  
21. Industry or Business Hotel Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive on the date Aug. 22, 1883  
(Born alive or stillborn)  
and at the place stated above, and that personal particulars were furnished by Margaret Gillarpis  
(First name) (Last name)  
who is related as friend  
(Mother, etc.)

25. Attendant's OWN signature Margaret Jane Gillarpis M.D. Address Date  
Midwife Gillarpis

State of Idaho ss. County of Boone

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 28 years of age, that I have known this person for 25 years, and that Margaret Jane Gillarpis who attended this birth signed below  
(First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1907 Session Laws.

Margaret Jane Gillarpis Signature  
Boone, Idaho P. O. Address  
Notary Public, residing at Boone, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on JUN 15 1943 by Mary E. Baker Registrar.

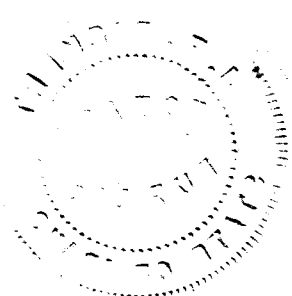
NOTARY PUBLIC FOR THE STATE OF IDAHO  
RESIDING AT PRYOR RIVER, IDAHO  
COMMISSION EXPIRES APRIL 1ST, 1944  
(SEAL)

JUN 16 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



117046 815

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **374207**  
Local Reg. No.  
Reg. Dist. No.

- PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bonne Idaho (b) City Sentile Valley  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home:  
Birth took place at home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days
- USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Utah (b) County Cache Co.  
(c) City Brigham City  
(d) Street Address or R.F.D. No. none  
(e) How long has **MOTHER** lived in Idaho? \_\_\_\_\_ yrs.
- RESIDENCE OF FATHER** (city, state) Beaver Dam, Utah

4. **FULL NAME OF CHILD** Archibald John Johnson  
5. Date of Birth of Child  
(Month, day, year) June 17<sup>th</sup> 1899

6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? Yes

## FATHER OF CHILD

- FULL NAME** John Henry Johnson
- Color or Race White
- Age at time of THIS birth 25 yrs.
- Birthplace Old County Nebraska  
(City or town) (State or foreign country)
- Exact Occupation farmer
- Industry or Business None

## MOTHER OF CHILD

- FULL MAIDEN NAME** Sophia Inger Hansen
- Color or Race White
- Age at time of THIS birth 22 yrs.
- Birthplace Lehi Utah  
(City or town) (State or foreign country)
- Exact Occupation house wife
- Industry or Business None

- Name prophylactic used to prevent Ophthalmia Neonatorum.
- Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

## ATTENDANT'S CERTIFICATE

- I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)
- Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Utah } ss.  
County of Box Elder

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for all his life years, and that don't (First name) (Last name), who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire, to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17th day of June, 1943.  
(SEAL) J. Norrman, Notary Public, residing at Brigham, Utah  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUL 2 - 1943 by Mary Elder, Registrar.

CHS 2 7082

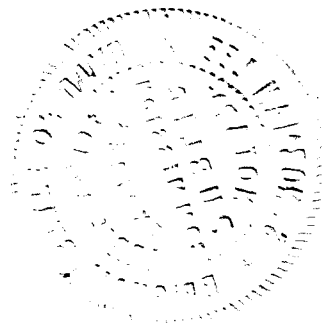
### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

DELAYED



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 375712  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH:** 10 miles East  
(a) County Latah (b) City of Moscow, Ida.  
(c) Street Address or R.F.D. No. On a farm  
(d) Name of Hospital or Maternity Home: Born at the farm home.  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home days  
In THIS county 2 years 10 months - days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State Idaho (b) County Latah  
(c) City 10 miles East of Moscow  
(d) Street Address or R.F.D. No.   
(e) How long has **MOTHER** lived in Idaho? 3 5/6 yrs.  
(f) Mother's mailing address Moscow, Idaho
3. **RESIDENCE OF FATHER** (city, state) same as mother

4. **FULL NAME OF CHILD** Warren Thompson Sheppard
5. Date of Birth (Month, day, year) Aug. 15, 1883
6. Sex Male 7. Twin or Triplet  If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy ? 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** George Washington Sheppard
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Indiana, U.S.A.  
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Did blacksmithing on the farm.
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Rutha Jane Woody
17. Color or Race White 18. Age at time of THIS birth 34 years
19. Birthplace Indiana, U.S.A.  
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3  
(c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date Aug. 12, 1913 and at the place stated above, and that personal particulars were furnished by Mrs. Martha Johnston, who is related to this child as (Mother, etc.)  
(First name) (Last name)

26. (a) Aug. 12, 1913 (b) Martha Johnston  
(Date received) (Registrar's signature)
25. Attendant's Martha Johnston M.D. or Midwife  
**OWN signature** (D.O., Midwife, etc.)
27. Given name added on by Tracy Idaho and address Tracy Idaho Date March 3, 1914  
(Registrar's signature)

State of Idaho } ss.  
County of Latah }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Johnston, being first duly sworn, say that I am (Related to (or) acquainted with) Martha Johnston, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth, and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this Aug. 12, 1913 day of August

(SEAL)

Notary Public, residing at

AUG 12 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319-206.001-212

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

775730  
State File No.  
Local Reg. No.  
Reg. Dist. No.

375730

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. 8th & State  
(d) Name of Hospital or Maternity Home: own home  
(e) Mothers stay BEFORE delivery:  
In THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. 8th & State  
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho  
5. Date of Birth of Child  
(Month, day, year) Jan. 6 1883  
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

10. FULL NAME OF CHILD Rose Alice Carlton  
11. Color or Race white 12. Age at time of THIS birth 50 yrs.  
13. Birthplace Saugor main  
(City or town) (State or foreign country)  
14. Exact Occupation Wheel Right  
15. Industry or Business

16. FULL MAIDEN NAME Phoebe Basil  
17. Color or Race white 18. Age at time of THIS birth 39 yrs.  
19. Birthplace Ohio  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)  
25. Attendant's OWN signature Idaho M.D. Address Date  
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 64 years of age, that I have known this person for 15 years, and that  
(First name) (Last name)  
Mr. January who attended this birth not deceased I further  
(Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.  
Subscribed and sworn to before me this 18 day of August, 1943  
(SEAB) Pauline Ambrose Notary Public, residing at Boise  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on Aug. 18-1943 by Mary Elder Registrar.

AUG 18 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



673-128-004-345

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. **375862**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Blair Lake (b) City Paris  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Paris  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
3. **RESIDENCE OF FATHER** (city, state) .....

4. **FULL NAME OF CHILD** Oliver Williams  
5. Date of Birth of Child Dec 28 1883  
(Month, day, year) .....
6. Sex Male 7. Twin or Triplet Male If so—born 1st, 2nd, 3rd .....  
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**  
10. **FULL NAME** Noah Morman Williams  
11. Color White 12. Age at time of THIS birth 32 yrs.  
13. Birthplace Liantrestant Wales  
(City or town) (State or foreign country)  
14. Exact Occupation Rancher  
15. Industry or Business .....
- MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Harrett Cardelia Lindsay  
17. Color White 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
who is related as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Address Date  
Midwife

- State of Idaho ss.  
County of Franklin

### AFFIDAVIT

- (To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4,  
above, that I am now 74 years of age, that I have known this person for 59 years, and that  
....., who attended this birth. I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

- Subscribed and sworn to before me this 31 day of July, 1943  
(SEAL) Deborah E. ... Signature  
Logan ... P. O. Address  
Notary Public, residing at Boston Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

- Received for filing on AUG 4 1943 by M. ... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6

1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **376019**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>unknown</u> (d) Name of Hospital or Maternity Home: <u>unknown</u> (e) Mothers stay <b>BEFORE</b> delivery: <u>unknown</u> In <b>THIS</b> county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>eight</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Wilburn Logan Bartow Ellis</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd		<b>5. Date of Birth of Child</b> (Month, day, year) <u>December 22, 1883</u> <b>8. No. months of Pregnancy</b> <u>nine</u> <b>9. Legit?</b> <u>yes</u>	
<b>6. Sex</b> <u>male</u> <b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Wilburn Gaught Ellis</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>33</u> yrs. <b>13. Birthplace</b> <u>Murry County Georgia</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>freighter</u> <b>15. Industry or Business</b> <u>team freighter (his own)</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Phoebe Ann Skerry</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>23</u> yrs. <b>19. Birthplace</b> <u>Salt Lake City Utah</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b> <u>home</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>unknown</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>four</u> (b) Born alive and now living <u>four</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

**25. Attendant's** M.D. Address Date  
**OWN Signature** Midwife

**AFFIDAVIT**

State of Calif. ss.  
County of Los Angeles.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for life years, and that unknown who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 10th day of Aug, 1943

(SEAL) Samuel J. Fuller, Notary Public, residing at South Pasadena, Calif.

(Note: Perjury punishable as a felony in Idaho, see Sec. 37-914 Idaho Code Annotated.)

Flora Simpson Signature  
2306 San Fernando Rd. Los Angeles, Calif. Address  
Mary E Elder Registrar

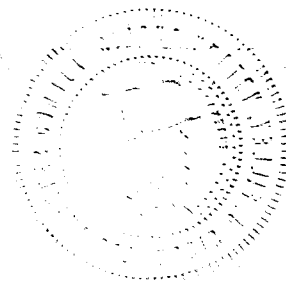
Received for filing on AUG 17 1943 by Mary E Elder

AUG 17 1949

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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635-211 029 918

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **380616**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Julietta  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: At Home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 1883 years April months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Julietta  
(d) Street Address or R.F.D. No. NONE  
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** Hattie Prudence O'Ney  
5. Date of Birth of Child (Month, day, year) April 11 1883

6. Sex F 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy Nine 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** BENJMAN O'Ney  
11. Color or Race White 12. Age at time of THIS birth 57 yrs.  
13. Birthplace VERMONT (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** MARY ANN RAY  
17. Color or Race White 18. Age at time of THIS birth 35 yrs.  
19. Birthplace UNKNOWN KENTUCKY (City or town) (State or foreign country)  
20. Exact Occupation HOUSEWIFE  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child. \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_

**ATTENDANT'S CERTIFICATE**  
24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_ Midwife \_\_\_\_\_

State of Idaho } ss.  
County of Highway }

**AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 60 years, and that Diana Richardson (First name) (Last name), who attended this birth, is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature \_\_\_\_\_ P.O. Address \_\_\_\_\_  
Subscribed and sworn to before me this 26 day of oct., 1943  
(SEAL) \_\_\_\_\_, Notary Public, residing at culdune, idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 8 1943 by \_\_\_\_\_ Registrar.

6761  
NOV 8 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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447-20019-456

381993

United States  
Department of Commerce  
Bureau of the Census

DEC 6 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Custer (b) City Houston  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mothers stay **BEFORE** delivery:  
In THIS county four years months days  
4. **FULL NAME OF CHILD** Maybelle Dixon  
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Custer  
(c) City Houston  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? Four yrs.  
3. **RESIDENCE OF FATHER** (city, state) Houston, Ida.  
5. Date of Birth of Child (Month, day, year) May 10<sup>th</sup> 1883  
8. No. months of Pregnancy nine 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Smith Dixon  
11. Color or Race white 12. Age at time of THIS birth 39 yrs.  
13. Birthplace Nodaway Co. Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer + stock grower  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Martha Spabell De Witt  
17. Color or Race white 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Provo Utah  
(City or town) (State or foreign country)  
20. Exact Occupation House-wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at about 4 P.M. on the date Dec 3 1943 and at the place stated above, and that personal particulars were furnished by Martha Dixon who is related as mother (Mother, etc.)  
25. Attendant's **OWN** signature Mindwell Gardner Midwife Address Benepoot Idaho Date Dec 3 1943

State of.....  
County of..... } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature  
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

....., Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by Martha Dixon, Registrar.

DEC 20 1943

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893 205022386

383311

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Fremont (b) City Egin  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: None  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county years 8 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Fremont  
(c) City Egin  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 2/3 yrs.
3. **RESIDENCE OF FATHER** (city, state) Egin, Idaho

4. **FULL NAME OF CHILD** Alice Sophia Hill  
5. Date of Birth of Child  
(Month, day, year) Dec. 5, 1883

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

## FATHER OF CHILD

10. **FULL NAME** William Hill  
11. Color or Race White 12. Age at time of THIS birth        yrs.  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer and Mason  
15. Industry or Business

## MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Thomason  
17. Color or Race White 18. Age at time of THIS birth        yrs.  
19. Birthplace Denmark  
(City or town) (State or foreign country)  
20. Exact Occupation Wife and Mother  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borac Acid  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was        at        M. on the date        and at the place stated above, and that personal particulars were furnished by        (First name) (Last name) who is related as        (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of Idaho } ss.  
County of Fremont

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 60 years, and that Mrs. Wyman Parker, Sr. who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Burr Signature  
Chester, Idaho P.O. Address

Subscribed and sworn to before me this 7th day of January, 1944.

(SEAL)

O. MeserveyProbate Judge, ~~NOT PUBLIC~~ at       

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1944 by Mary F. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1944

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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034-228-019-038

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **385967**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <b>Custer</b>	(b) City <b>Challis</b>	(a) State <b>Idaho</b>	(b) County <b>Custer</b>
(c) Street Address or R.F.D. No. ....		(c) City <b>Challis</b>	
(d) Name of Hospital or Maternity Home: <b>none</b>		(d) Street Address or R.F.D. No. ....	
(e) Mothers stay BEFORE delivery: In <b>THIS</b> county <b>5</b> years months days		(e) How long has MOTHER lived in Idaho? <b>5 yrs</b> yrs.	
4. FULL NAME OF CHILD <b>Dorothy Klug</b>		5. Date of Birth of Child (Month, day, year) <b>June 28, 1883</b>	
6. Sex <b>female</b>		8. No. months of Pregnancy <b>9</b>	
7. Twin or Triplet		9. Legitimate? <b>yes</b>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <b>Ferdinand Klug</b>		16. FULL MAIDEN NAME <b>Johanne Margaretha Schwarzkopf</b>	
11. Color or Race <b>white</b>		17. Color <b>white</b>	
12. Age at time of THIS birth <b>47</b> yrs.		18. Age at time of THIS birth <b>35</b> yrs.	
13. Birthplace <b>Colnam Rhein Germany</b> (City or town) (State or foreign country)		19. Birthplace <b>Hessen Nassau Germany</b> (City or town) (State or foreign country)	
14. Exact Occupation <b>Laborer</b>		20. Exact Occupation <b>Housewife</b>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **3**

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's  
OWN signature M.D. Address Date  
Midwife

State of **Idaho** } ss.  
County of **Custer**

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Brother** of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now **63** years of age, that I have known this person for **lifetime** years, and that  
**Mrs White** who attended this birth **is now deceased** I further  
(First name) (Last name)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

**G. L. Klug** Signature  
**Challis, Idaho** P. O. Address

Subscribed and sworn to before me this **29th** day of **February**, 19**44**.

(SEAL)

Notary Public, residing at **Challis, Idaho**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 6 1944** by **Hubert Elder** Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154 211036-389

387340

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Mink Creek  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Home  
(e) Mothers stay BEFORE delivery:  
In THIS county 5 years months days

## 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida  
(c) City Mink Creek  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 5 yrs.

## 4. FULL NAME OF CHILD

Hannah Anderson

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

## 3. RESIDENCE OF FATHER (city, state)

Same

5. Date of Birth of Child (Month, day, year) Dec 11, 1883

## FATHER OF CHILD

10. FULL NAME Knud Anderson  
11. Color or Race white 12. Age at time of THIS birth 46 yrs.  
13. Birthplace Denmark (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

## MOTHER OF CHILD

16. FULL MAIDEN NAME Johannah Christoffersen  
17. Color or Race white 18. Age at time of THIS birth 38 yrs.  
19. Birthplace Sweden (City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho County of Lincoln ss.

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for since birth years, and that Clara Larson who attended this birth deceased (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Robert J. Christoffersen P.O. Address Shoshone Idaho

Subscribed and sworn to before me this 18th day of March, 1944

(SEAL)

Grace L. Brown Deputy Clerk, Notary Public, residing at Shoshone, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1944 by Mary Elder, Registrar.

MAR 28 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

864-325 '001-863 (Be sure the information is as of date of birth of THIS child.) 388645 388645

United States  
Department of Commerce  
Bureau of the Census

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Emmettville  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Emmettville  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmettville Idaho  
5. Date of Birth of Child Nov. 25, 1883  
(Month, day, year) .....

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy .....

9. Legitimate? yes

**FATHER OF CHILD**  
10. FULL NAME Harrison Housel  
11. Color white 12. Age at time of THIS birth 42 yrs.  
13. Birthplace Milton Perm. (City or town) (State or foreign country)  
14. Exact Occupation carpenter and cabinet maker  
15. Industry or Business .....

**MOTHER OF CHILD**  
16. FULL MAIDEN NAME Susan Virginia Holliday  
17. Color white 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Shelbyville Mo. (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living five

**ATTENDANT'S CERTIFICATE**  
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn) .....  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's OWN signature ..... M.D. Address Date  
Midwife .....

State of Idaho } ss.  
County of Ada }

**AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 66 years of age, that I have known this person for 60 years, and that  
Mrs. Owen who attended this birth deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.  
Mrs. L. D. Owen. Signature  
410 Avenue H. Boise, Idaho P. O. Address  
Subscribed and sworn to before me this 38 day of April, 1944  
(SEAL) Pauline Ambrose Notary Public, residing at Boise Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

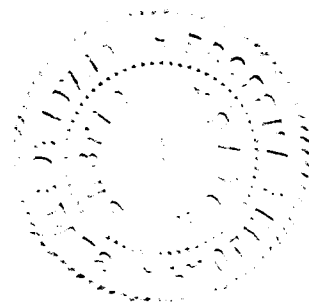
Received for filing on APR 28 1944 by Malv F. Elder Registrar.

APR 28 1944

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693 207 045119

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **390075**

Local Reg. No. ....

Reg. Dist. No. ....

## 1. PLACE OF BIRTH (All items at time of this birth)

(a) County Alturas (b) City Rocky Bar  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mothers stay BEFORE delivery:

In THIS county 17 years months days

## 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Alturas  
(c) City Rocky Bar  
(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? 19 yrs.3. RESIDENCE OF FATHER (city, state) Rocky Bar Idaho4. FULL NAME OF CHILD Ida Irene Willard5. Date of Birth of Child June 7 1883  
(Month, day, year)6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd8. No. months of Pregnancy 9 9. Legitimate? yes10. FULL NAME Joshua Willard16. FULL MAIDEN NAME Sarah Jane Jarvis11. Color or Race White 12. Age at time of THIS birth 47 yrs.17. Color or Race White 18. Age at time of THIS birth 23 yrs.13. Birthplace Sabittsville Maryland  
(City or town) (State or foreign country)19. Birthplace Mansfield Ohio  
(City or town) (State or foreign country)14. Exact Occupation Cattle & Farming20. Exact Occupation Housewife

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by .....

(First name) (Last name)

who is related as .....

(Mother, etc.)

25. Attendant's OWN signature

M.D. Address Date  
MidwifeState of California } ss.  
County of Ventura

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Elder Helen of the person whose name appears in Item 4,  
above, that I am now 77 years of age, that I have known this person for 61 years, and that

Mrs. Fitzwater (First name) (Last name), who attended this birth Deceased I further  
(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olga A. Hartwell Signature  
Imperial California P. O. Address

Subscribed and sworn to before me this 18th day of May, 1944

(SEAL)

H. J. Mingledorff Notary Public, residing at Imperial

(Note: Perjury is punishable as a felony in Idaho; see Sec. 7-914, Idaho Code Annotated.) COMMISSION EXPIRES FEB. 28, 1946

Received for filing on MAY 27 1944 by Mary H. H. H. Registrar.

MAY 27 1944

MAY 27 1944

Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

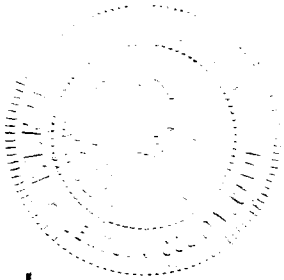
250002

MAY 29 1944

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



653 209 004-624

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **390337**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Bear Lake</u>	(b) City <u>Bloomington</u>	(a) State <u>Idaho</u>	(b) County <u>Bear Lake</u>
(c) Street Address or R.F.D. No. ....		(c) City <u>Bloomington</u>	
(d) Name of Hospital or Maternity Home: .....		(d) Street Address or R.F.D. No. ....	
(e) Mothers stay BEFORE delivery: In THIS county <u>app 20</u> years months days		(e) How long has MOTHER lived in Idaho? <u>Deceased</u> yrs.	
4. FULL NAME OF CHILD <u>Georgina Welker</u>		5. Date of Birth of Child (Month, day, year) <u>Feb 7 1883</u>	
6. Sex <u>female</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>8</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Adam Hugh Welker</u>	16. FULL MAIDEN NAME <u>Blara Osmond</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>30</u> yrs.	18. Age at time of THIS birth <u>26</u> yrs.		
13. Birthplace <u>Alpine Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Willard Utah</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>farmer</u>	20. Exact Occupation <u>house wife</u>		
15. Industry or Business <u>farming</u>	21. Industry or Business .....		
22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u>			

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's OWN signature ..... M.D. Address Date  
Midwife .....

State of Idaho  
County of Bear Lake } ss.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4,  
above, that I am now 78 years of age, that I have known this person for 61 years, and that  
Mrs. Greenhalgh who attended this birth deceased I further  
(First name) (Last name)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

(To be completed when the attendant does not sign in Item 25.)

Ira Osmond Signature  
Bloomington, Idaho P. O. Address  
Subscribed and sworn to before me this 31 day of May, 1944.  
(SEAL) Samuel D. ... Clerk, Notary Public, residing at .....  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1944 by Mabel Helder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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718-100-044-213

391607

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Washington (b) City Weiser  
(c) Street Address or R.F.D. No. 2  
(d) Name of Hospital or Maternity Home:  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 7 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Washington  
(c) City Weiser  
(d) Street Address or R.F.D. No. 2  
(e) How long has **MOTHER** lived in Idaho? 7 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Chester Giles Taylor  
5. Date of Birth of Child Nov. 20, 1883  
(Month, day, year)

6. Sex male 7. Twin or Triplet        If so—born 1st, 2nd, 3rd         
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. <b>FULL NAME</b> <u>Solomon M. Taylor</u>	16. <b>FULL MAIDEN NAME</b> <u>Mary Jane Sater</u>	17. Color <u>white</u> or Race <u>      </u>	18. Age at time of THIS birth <u>31</u> yrs.
11. Birthplace <u>Franklin County, Illinois</u> (City or town) (State or foreign country)	19. Birthplace <u>Lawrence Kansas</u> (City or town) (State or foreign country)	20. Exact Occupation <u>farmer</u>	21. Exact Occupation <u>housewife</u>
12. Industry or Business <u>farming</u>	22. Industry or Business <u>housewife</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Idaho Midwife

State of Idaho } ss.  
County of Washington }

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 70 years of age, that I have known this person for 60 years, and that  
Dr. G. Sater who attended this birth is now deceased  
(First name) (Last name) (Is now deceased) or (Cannot be located) I further  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Subscribed and sworn to before me this 8th day of July, 1944.  
(SEAL) Notary Public, residing at Weiser, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1944 by Mal Helder, Registrar.

1044 JUL 1 1944

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

515-215-008-518

391657

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Boise (b) City Garden Valley

(c) Street Address or R.F.D. No. ....

(d) Name of Hospital or Maternity Home: .....

(e) Mothers stay **BEFORE** delivery:  
In **THIS** county        years        months        days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Boise

(c) City Garden Valley

(d) Street Address or R.F.D. No. ....

(e) How long has **MOTHER** lived in Idaho? ..... yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

Lizzie Burnettie VanWinkle

6. Sex Female

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy

9. Legitimate? yes

5. Date of Birth of Child  
(Month, day, year) Nov. 15, 1883

**FATHER OF CHILD**

10. FULL NAME George W. VanWinkle

11. Color or Race White

12. Age at time  
of THIS birth 59 yrs.

13. Birthplace Tenn. U.S.A.  
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or  
Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Missouri Naylor

17. Color or Race White

18. Age at time  
of THIS birth 43 yrs.

19. Birthplace Missouri.  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife

Address

Date

State of Idaho.  
County of Canyon } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister ..... of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 76 years of age, that I have known this person for 61 years, and that

Eliza Youren

(First name)

(Last name)

who attended this birth Deceased I further

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Mrs Annie Lewis Signature  
1315 9th, Str. S. Nampa, Idaho. P.O. Address

Subscribed and sworn to before me this 15 day of July, 19 44

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel Helder Registrar.

JUL 10 1944

1944 JUL 1 0 1 700'

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391659

331-107.002-996  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Blaine (b) City Hailey  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
At Home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Blaine  
(c) City Hailey  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey, Idaho.

4. **FULL NAME OF CHILD** Henry Harrison Clay  
5. Date of Birth of Child (Month, day, year) 3-9-1883

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. <b>FULL NAME</b> <u>Hershel Horatio Clay</u>	16. <b>FULL MAIDEN NAME</b> <u>Rebecca Elizabeth Irwin</u>	17. Color <u>White</u>	18. Age at time of THIS birth <u>30</u> yrs.
11. Birthplace <u>Ohio</u> (City or town) (State or foreign country)	17. Color <u>White</u>	18. Age at time of THIS birth <u>30</u> yrs.	19. Birthplace <u>Greencastle Indiana</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer and Miner</u>	20. Exact Occupation <u>Housewife</u>	15. Industry or Business <u>Farming and Mining</u>	21. Industry or Business <u>Housekeeping</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date  
Midwife

State of Idaho } ss.  
County of Nezperce

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now Sixty-Five years of age, that I have known this person for 61 years, and that  
Carrie Belle Tatro who attended this birth. Is Deceased  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Margaret E. Livingston Signature  
P.O. Box 278, Lewiston, Idaho. P.O. Address

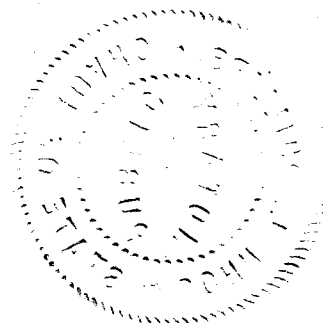
Subscribed and sworn to before me this 5th day of July, 19 44  
(SEAL) John P. Phillips Notary Public, residing at Lewiston, Idaho.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1944 by Mabel H. Elder Registrar.

1944 JUL 1

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

863-223-020-647

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **391702**

Local Reg. No. ....

Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County..... (b) City Rocky Bar  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....

(e) Mothers stay **BEFORE** delivery:  
In **THIS** county ..... years ..... months ..... days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County ?  
(c) City Rocky Bar  
(d) Street Address or R.F.D. No.....

(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rocky Bar, Idaho

5. Date of Birth of Child Feb. 23 1883  
(Month, day, year)

**4. FULL NAME OF CHILD** Myrtle Emily Holman

6. Sex Female 7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy ..... 9. Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** John Holman

11. Color or Race White 12. Age at time of THIS birth 32 yrs.

13. Birthplace Camborne England  
(City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business Mining

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Philippa Odgers

17. Color or Race White 18. Age at time of THIS birth 34 yrs.

19. Birthplace Camborne England  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)

who is related as.....

(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Address Date  
Midwife

State of Montana } ss.  
County of Silver Bow

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,  
above, that I am now 65 years of age, that I have known this person for since birth years, and that

Alice Ann Caddy, who attended this birth unknown I further

(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Ann Caddy Signature

Butte Mont P. O. Address

Subscribed and sworn to before me this 12 day of July 1944

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-7-1944 Registrar.

JUL 18 1944

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-213-025-152

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **395682**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Idaho (b) City Mt. Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: At home  
(e) Mothers stay BEFORE delivery:  
In THIS county years 10 months 1 days 4

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City Mt. Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 10 yrs.

4. **FULL NAME OF CHILD** Jaye Myer Dorman  
6. Sex Female  
7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

3. **RESIDENCE OF FATHER** (city, state) Mt Idaho Ida  
5. Date of Birth of Child (Month, day, year) 3-13-1883  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Jay Myer Dorman  
11. Color or Race Wht  
12. Age at time of THIS birth 46 yrs.  
13. Birthplace Walton New York  
(City or town) (State or foreign country)  
14. Exact Occupation Carpenter  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Arabelle Josephine Anthony  
17. Color or Race Wht  
18. Age at time of THIS birth 37 yrs.  
19. Birthplace Rochester Penn.  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was BOY at 7:06 AM. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by Maud Byrom who is related as Sister  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature Dead M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Idaho } ss.  
County of Idaho }

**AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4 above, that I am now 71 years of age, that I have known this person for 61 years, and that J. B. Morris who attended this birth, deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud E. Byrom Signature  
P. O. Address \_\_\_\_\_

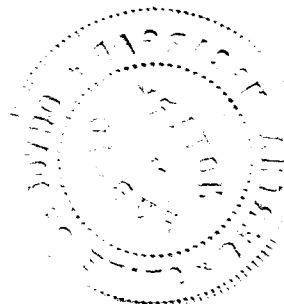
Subscribed and sworn to before me this 30th day of September 1944  
(SEAL) Bertha M. Morgan Notary Public, residing at Brangerville Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 - 1944 by Maud Elder Registrar

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231 222 030-857

396860

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Lemhi (b) City Juniper  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county      years      months      days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State ..... (b) County .....  
(c) City .....  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
3. **RESIDENCE OF FATHER** (city, state) .....
4. **FULL NAME OF CHILD** Minnie Belle. Staley
5. Date of Birth of Child  
(Month, day, year) Oct. 22, 1883
6. Sex ..... 7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd ..... 8. No. months of Pregnancy ..... 9. Legitimate? .....

- | FATHER OF CHILD                                   |   | MOTHER OF CHILD  |   |
|---|---|--|---|
| 10. <b>FULL NAME</b> <u>Abraham L. Staley</u>     | 11. Color or Race <u>White</u>  | 16. <b>FULL MAIDEN NAME</b> <u>Clara Belle Yearian</u> | 17. Color or Race <u>White</u>  |
| 12. Age at time of THIS birth <u>24</u> yrs.      | 13. Birthplace <u>Ohio</u><br>(City or town) (State or foreign country) | 18. Age at time of THIS birth <u>20</u> yrs.           | 19. Birthplace <u>Illinois</u><br>(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer &amp; Dairyman</u> | 15. Industry or Business .....  | 20. Exact Occupation <u>Housewife</u>                  | 21. Industry or Business .....  |
22. Name prophylactic used to prevent Ophthalmia Neonatorum: .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... who is related as .....  
(Born alive, stillborn) (First name) (Last name)  
(Mother, etc.)
25. Attendant's OWN signature ..... M.D. Address ..... Date .....  
Midwife

- State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Lewis }
- I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 61 years, and that Do not know who attended this birth. Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 24th day of October 1944  
(SEAL) [Signature] Notary Public, residing at Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 24 1944 by Mabel Hedger, Registrar

100839  
OCT 25 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in case of failure to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789 211 036-449

396868

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Oneida (b) City Curlew  
(c) Street Address or R.F.D. No. 2  
(d) Name of Hospital or Maternity Home: At home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Curlew Valley  
(d) Street Address or R.F.D. No. -  
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Rachel Ann Phillips  
5. Date of Birth of Child (Month, day, year) May 11 - 1893  
6. Sex Female 7. Twin or Triplet 2nd If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 Mo. 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Hyrum Phillips  
11. Color or Race White 12. Age at time of THIS birth 32 yrs.  
13. Birthplace Birmingham, England (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Maria Lorina Surrant  
17. Color or Race White 18. Age at time of THIS birth 27 yrs.  
19. Birthplace Birmingham, England (City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date  
Midwife

State of Utah } ss.  
County of Weber }

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 68 years of age, that I have known this person for 61 years, and that  
Jane (First name) Hall (Last name), who attended this birth deceased I further  
(Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Subscribed and sworn to before me this 16 day of October, 1944.  
(SEAL) Olyver R. Fowler Notary Public, residing at Ogden Utah  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1944 by Mabel Helder Registrar.

OCT 25 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253 208 037859

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

396942 ✓ 396942  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Owyhee</u> (b) City <u>Oreana</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Owyhee</u> (c) City <u>Oreana</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>3</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Ethel Kettle</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>January 8 - 1883</u>	
<b>6 Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> _____	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Samuel Kettle</u>	<b>11. Color or Race</b> <u>White</u>	<b>12. Age at time of THIS birth</b> <u>32</u> yrs.	<b>13. Birthplace</b> <u>Lincolnshire England</u> (City or town) (State or foreign country)
<b>14. Exact Occupation</b> <u>Farming and Stock raising</u>	<b>15. Industry or Business</b> _____	<b>16. FULL MAIDEN NAME</b> <u>Union Nattie Herrold</u>	<b>17. Color or Race</b> <u>White</u>
		<b>18. Age at time of THIS birth</b> <u>18</u> yrs.	<b>19. Birthplace</b> <u>Corvallis Oregon</u> (City or town) (State or foreign country)
		<b>20. Exact Occupation</b> <u>House wife</u>	<b>21. Industry or Business</b> _____
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child _____ (b) Born alive and now living _____			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

State of Idaho } ss. **AFFIDAVIT**  
County of Ada }

I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for life years, and that \_\_\_\_\_ (First name) (Last name), who attended this birth unknown I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29 day of November, 1944.  
(SEAL) Pauline Anderson Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

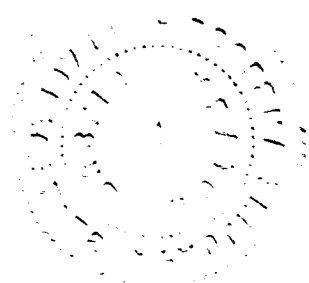
Received for filing on Nov. 29 - 1944 by Hubert Helder, Registrar

NOV 2 8 1944

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314-125029 663  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **396986**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Latah (b) City Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay BEFORE delivery:  
In THIS county 6 years 0 months 0 days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City near Moscow  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 6 yrs.
3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Charles Floyd Lamb  
5. Date of Birth of Child (Month, day, year) Feb. 25-1883  
6. Sex male  
7. Twin or Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9  
9. Legitimate? yes

- FATHER OF CHILD  
10. FULL NAME John Morell Lamb  
11. Color or Race white 12. Age at time of THIS birth 42 yrs.  
13. Birthplace Troy Ohio  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \_\_\_\_\_
- MOTHER OF CHILD  
16. FULL MAIDEN NAME Willetta Wolhater  
17. Color or Race white 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Finley Ohio  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

- State of Washington } ss.  
County of Grant }

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 61 years, and that Sarah Walhater (Aunt) who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 31st day of October, 1944  
(SEAL) Freeman Notary Public, residing at Grand Coulee  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1944 by Malv H. Heger, Registrar

1941 8 10N

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

271-116016-175  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 396998  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Cassia</u> (b) City _____ (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>3</u> years <u>10</u> months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>3 1/2</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Hugh Harold Sparks</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>3-16-1883</u>	
<b>6 Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Hugh Andrew Sparks</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>40</u> yrs. <b>13. Birthplace</b> <u>Milks-Co North Carolina</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farming</u> <b>15. Industry or Business</b> <u>Farmer</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Catherine Hapner</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>39</u> yrs. <b>19. Birthplace</b> <u>Floyd Co. Virginia</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>9</u> (b) Born alive and now living <u>4</u>			

### ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

### AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Valley }  
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all my life years, and that who attended this birth \_\_\_\_\_ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 10 day of Oct, 1944  
(SEAL) Henry S. White, Notary Public, residing at McCally  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on \_\_\_\_\_ by Malcolm Hedges, Registrar

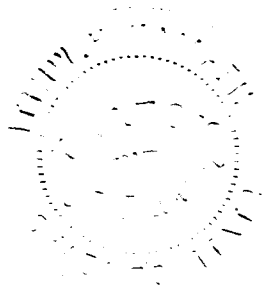
NOV 4 1944

7761 8 AON

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 399632  
Local Reg. No.  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>      </u> (d) Name of Hospital or Maternity Home: <u>      </u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>6</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>      </u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>71</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Edwin Mercer</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct 27, 1883</u>	
<b>6 Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> <u>      </u> If so—born 1st, 2nd, 3rd <u>      </u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Alexander Edwin Mercer</u>	<b>14. Exact Occupation</b> <u>Farmer</u>	<b>16. FULL MAIDEN NAME</b> <u>Margaret Brock</u>	<b>20. Exact Occupation</b> <u>Housewife</u>
<b>11. Color or Race</b> <u>White</u>	<b>12. Age at time of THIS birth</b> <u>26</u> yrs.	<b>17. Color or Race</b> <u>White</u>	<b>18. Age at time of THIS birth</b> <u>24</u> yrs.
<b>13. Birthplace</b> <u>Peru</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Bolivar Maus</u> (City or town) (State or foreign country)	
<b>15. Industry or Business</b> <u>      </u>		<b>21. Industry or Business</b> <u>      </u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>      </u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>      </u> (b) Born alive and now living <u>      </u>			

### ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was        at        M. on the date        and at the place stated above, and that personal particulars were furnished by        (First name) (Last name) who is related as        (Mother, etc.)

**25. Attendant's OWN signature**        **M.D. Address**        **Date**       

State of Idaho } ss.  
County of Ada }

I, the undersigned, being first duly sworn, say that I am the        (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 26 years of age, that I have known this person for life years, and that grandmother who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
(First name) (Last name) (Is now deceased) or (Cannot be located)

ed under Chapter 139, 1937 Session Laws.

### AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Signature Mrs. M. J. C. Pringle  
P. O. Address 1408 W. 9th Ave. Boise, Idaho

Subscribed and sworn to before me this 18 day of January 1945

(SEAL)

Pauline Ambrose, Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 18-1945 by Mabel F. Elder, Registrar

JAN 18 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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816-103-037546

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

399680 399680  
State File No.  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Owyhee (b) City Silver City  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: at home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 7 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Owyhee  
(c) City Silver City  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Silver City
4. **FULL NAME OF CHILD** John Stevens Hawes
5. Date of Birth of Child  
(Month, day, year) Nov. 3, 1883
6. Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD                                   |  | MOTHER OF CHILD   |  |
|---|--|---|--|
| 10. <b>FULL NAME</b> <u>Richard Stevens Hawes</u> | 16. <b>FULL MAIDEN NAME</b> <u>Thalipe Edwards</u> | 11. Color <u>White</u>  | 17. Color <u>White</u>   |
| 12. Age at time of THIS birth <u>36</u> yrs.      | 18. Age at time of THIS birth <u>26</u> yrs.       | 13. Birthplace <u>Cornwall England</u><br>(City or town) (State or foreign country) | 19. Birthplace <u>Grass Valley Calif.</u><br>(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Miner</u>                 | 20. Exact Occupation <u>House wife</u>             | 15. Industry or Business _____  | 21. Industry or Business _____   |

22. Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child. \_\_\_\_\_ (b) Born alive and now living. \_\_\_\_\_

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Idaho } ss. **AFFIDAVIT**  
County of Ada }

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 62 years, and that Mrs. Cordell, Midwife, who attended this birth \_\_\_\_\_ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William James Hawes Signature  
Silver City P. O. Address  
Subscribed and sworn to before me this 9 day of February, 1945  
(SEAL) \_\_\_\_\_, Notary Public, residing at Boise  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 15 1945 by Mary E. Fisher, Registrar

FEB 15 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312-105008-791  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **402124**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Boise (b) City State of Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: at home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 10 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Boise  
(c) City \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise County, Idaho  
4. **FULL NAME OF CHILD** Andrew A. Casner 5. Date of Birth of Child Idaho  
(Month, day, year) Nov. 5, 1883
- 6 Sex Male 7. Twin or If so—born  
Triplet Single 1st, 2nd, 3rd 8. No. months  
of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD                               |  | MOTHER OF CHILD  |   |
|---|--|--|---|
| 10. <b>FULL NAME</b> <u>William H. Casner</u> | 16. <b>FULL MAIDEN NAME</b> <u>Elizabeth B. Graham</u> | 11. Color <u>white</u>   | 17. Color <u>white</u>  |
| 12. Age at time of THIS birth <u>56</u> yrs.  | 18. Age at time of THIS birth <u>33</u> yrs.           | 13. Birthplace <u>State of Virginia</u><br>(City or town) (State or foreign country) | 19. Birthplace <u>Ohio</u><br>(City or town) (State or foreign country) |
| 14. Exact Occupation <u>farmer</u>            | 20. Exact Occupation <u>Housewife</u>                  | 15. Industry or Business <u>---</u>  | 21. Industry or Business _____  |

22. Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living? 7

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by George W. Casner  
(First name) (Last name)  
who is related as brother.  
(Mother, etc.)
25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Idaho } ss.  
County of Ada }

## AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears and upwards (Mother, etc.)  
in Item 4, above, that I am now 69 years of age, that I have known this person for 61 and over years, and that Dr. H. Zipp who attended this birth is now deceased. I further (First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

George W. Casner Signature  
P. O. Address \_\_\_\_\_

Subscribed and sworn to before me this 21st day of February, 1945

(SEAL) Betty G. Knight Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; (see Sec. 17-914, Idaho Code Annotated).)

Received for filing on FEB 23 1945 by John H. Miller Registrar

FEB 20 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only **BLACK** Ink or **BLACK** Record typewriter ribbon in completing this certificate. Mail **COMPLETED** certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

655804

MAR 14 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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1842-215016 462

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **402265**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Malta</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>NO</u> years <u>2</u> months <u>days</u>	<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Malta</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>1/6</u> yrs.
--	---

<b>4. FULL NAME OF CHILD</b> <u>Mary Adeline Hubbard</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct. 15, 1883</u>
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> <u>No</u> If so—born <u>1st, 2nd, 3rd</u>
<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>

**FATHER OF CHILD**

<b>10. FULL NAME</b> <u>William McDonald Hubbard</u>
<b>11. Color or Race</b> <u>White</u>
<b>12. Age at time of THIS birth</b> <u>27</u> yrs.
<b>13. Birthplace</b> <u>Benton County, Arkansas</u> (City or town) (State or foreign country)
<b>14. Exact Occupation</b> <u>Shepherd</u>
<b>15. Industry or Business</b> <u>Sheep</u>

**MOTHER OF CHILD**

<b>16. FULL MAIDEN NAME</b> <u>Maggie Moser</u>
<b>17. Color or Race</b> <u>White</u>
<b>18. Age at time of THIS birth</b> <u>24</u> yrs.
<b>19. Birthplace</b> <u>Tennessee</u> (City or town) (State or foreign country)
<b>20. Exact Occupation</b> <u>Housewife</u>
<b>21. Industry or Business</b> <u>Sheep</u>

<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child _____ (b) Born alive and now living _____

## ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ who is related as \_\_\_\_\_  
(Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
Midwife

State of Idaho } ss. **AFFIDAVIT**  
County of Bingham }  
I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now ninety-one years of age, that I have known this person for fifty-five years, and that Mary Hubbard who attended this birth is now deceased I believe  
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H. W. Nichols Signature  
Aberdeen, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of March, 1945.  
(SEAL) [Signature] Notary Public, residing at Aberdeen, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

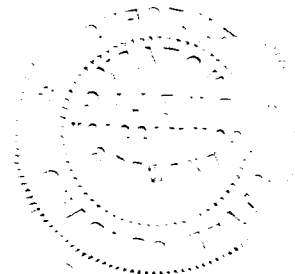
Received for filing on MAR 12 1945 by Mary Hubbard, Registrar

MAR 14 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-726-035-234

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

APR 18 1945

State File No. **404592**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>near Southwick</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>None. Child born in home.</u> (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>near Southwick</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>4</u> yrs. <u>near Southwick Idaho.</u>	
<b>4. FULL NAME OF CHILD</b> <u>MATILDA WILSON</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>April 26, 1883</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> <u>Twin</u> If so—born 1st, 2nd, 3rd <u>2nd.</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Andrew Wilson,</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>53</u> yrs. <b>13. Birthplace</b> <u>Londonerry, Ireland</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> <u>Farming.</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Elizabeth Blue.</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>34</u> yrs. <b>19. Birthplace</b> <u>Tennessee</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housekeeping.</u> <b>21. Industry or Business</b> <u>Housekeeping.</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>None.</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>5</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

State of Idaho. } ss. **AFFIDAVIT**  
County of Southwick. } (To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now over 66 years of age, that I have known this person for over 61 years, and that "Grannie" Walker, (First name) (Last name) who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

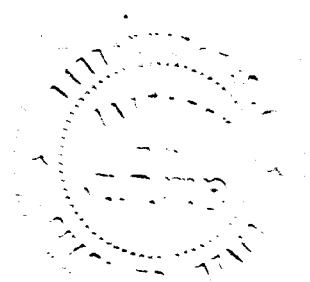
Nancy A Wilson Longeteig Signature  
SOUTHWICK, IDAHO P. O. Address  
Subscribed and sworn to before me this 12th day of April 19 45  
(SEAL) \_\_\_\_\_, Notary Public, residing at Andrick  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on APR 23 1945 by Mary F. Blaker, Registrar

CCPA00  
APR 25 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

235-221044-546

404800

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Washington (b) City Indian Valley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Washington  
(c) City Indian Valley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

4. **FULL NAME OF CHILD** Elizabeth Stewart  
Twin or \_\_\_\_\_ If so—born \_\_\_\_\_  
Triplet \_\_\_\_\_ 1st, 2nd, 3rd \_\_\_\_\_

3. **RESIDENCE OF FATHER** (city, state) Idaho  
5. Date of Birth of Child \_\_\_\_\_  
(Month, day, year) Aug 21-1883  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Robert George Stewart  
11. Color white 12. Age at time of THIS birth 34 yrs.  
13. Birthplace Edinburgh Scotland  
(City or town) (State or foreign country)  
14. Exact Occupation farmer  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Annie Edwards  
17. Color white 18. Age at time of THIS birth 22 yrs.  
19. Birthplace England  
(City or town) (State or foreign country)  
20. Exact Occupation house wife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living \_\_\_\_\_

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of IDAHO  
County of ADAMS

ss. **AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears (Mother, etc.)  
in Item 4, above, that I am now 66 years of age, that I have known this person for 61 years, and that MARY EDWARDS, who attended this birth DECEASED, I further (First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

John a Stewart Signature  
Indian Valley P. O. Address

Subscribed and sworn to before me this 14 day of MAY 1945  
(SEAL) P. H. Ware Notary Public, residing at Indian Valley  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1945 by Mary Elder Registrar

002402

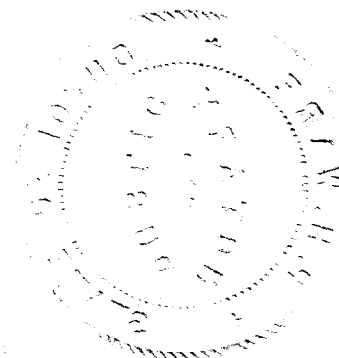
MAY 25 1966

MAY 24 1945

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

713-214-029-296

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **410841**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Viola</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>Farm Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Viola</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Ordellia Harriet Palmer</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>1-14-1883</u>	
<b>6 Sex</b> <u>white</u>		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>7. Twin or Triplet</b> <u>Triplet</u>		<b>9. Legitimate?</b> <u>yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>Charles Wesley Palmer</u>	<b>16. FULL MAIDEN NAME</b> <u>Ordellia Sarah Brooks</u>	<b>11. Color or Race</b> <u>white</u>	<b>17. Color or Race</b> <u>white</u>
<b>12. Age at time of THIS birth</b> <u>44</u> yrs.	<b>18. Age at time of THIS birth</b> <u>42</u> yrs.	<b>13. Birthplace</b> (City or town) <u>Indiana</u> (State or foreign country)	<b>19. Birthplace</b> (City or town) <u>Iowa</u> (State or foreign country)
<b>14. Exact Occupation</b> <u>Farmer</u>	<b>20. Exact Occupation</b> <u>House wife</u>	<b>15. Industry or Business</b>	<b>21. Industry or Business</b>

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** \_\_\_\_\_  
**23. Number of children of this mother:** (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_

## ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

**State of** Washington **County of** Spokane **ss.** \_\_\_\_\_ (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 67 years, and that Harriet Frances Farmer who attended this birth now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

**AFFIDAVIT**

Sadie Brown Signature  
P. O. Address \_\_\_\_\_

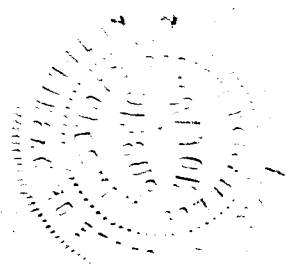
Subscribed and sworn to before me this 22 day of September 1945  
(SEAL) John Burke Notary Public, residing at Spokane  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 4 1945 by Mary Elder Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

791-109-201-693

416384

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 416384  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>ADA</u> (b) City <u>Star</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Star</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>16</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Eugene Francis Gray</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>April 9, 1883</u>	
<b>6 Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> <u>Nine</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Silas Shepard Gray</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>42</u> yrs. <u>Ohio</u> <b>13. Birthplace</b> _____ (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Frances Malinda Wilson</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>38</u> yrs. <u>Illinois</u> <b>19. Birthplace</b> _____ (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>10</u> (b) Born alive and now living <u>9</u>			

### ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_

**AFFIDAVIT**  
State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Ada }  
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 63 years, and that Susan Fouch, midwife, who attended this birth is deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24th day of April, 1946  
(SEAL) E. B. Smith, Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1946 by Malv Heller, Registrar

APR 24 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

528-206-044-354

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. **416400**  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Washington (b) City Weiser  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 10 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County \_\_\_\_\_  
(c) City Weiser  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Weiser, Ida.
4. **FULL NAME OF CHILD** Blanche Eshom
5. **Date of Birth of Child**  
(Month, day, year) November 6,
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy 9 9. Legitimate Yes 1883 \_\_\_\_\_

- FATHER OF CHILD**
10. **FULL NAME** Henry Wallace Eshom
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Quincy Illinois  
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business \_\_\_\_\_
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Laura Lemons
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Kansas City Kansas  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business \_\_\_\_\_
22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

- State of Washington } ss.  
County of Grays Harbor }
- I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 89 years of age, that I have known this person for 62 years, and that Mrs. (Unknown) York, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
- (First name) (Last name) (Is now deceased) or (Cannot be located)

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

Henry Wallace Eshom Signature  
Route 2, Lima, Washington P. O. Address

Subscribed and sworn to before me this 8th day of March, 1946

(SEAL) \_\_\_\_\_, Notary Public, residing at Mc Cleary  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1946 by Maude Elder, Registrar

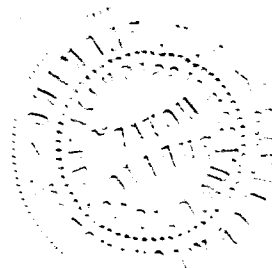
APR 1 1 8708

MAR 1 1 1915

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

113-115-226-469

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. \_\_\_\_\_  
Local Reg. No. **417332**  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Jefferson (b) City Morrison  
(c) Street Address or R.F.D. No. State, Colorado  
(d) Name of Hospital or Maternity Home:  
Private Home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Colorado (b) County Jefferson  
(c) City Morrison  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? \_\_\_\_\_ yrs.

4. **FULL NAME OF CHILD** Albert Emmett Jacokes  
6 Sex male  
7. Twin or single If so—born  
Triplet 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Morrison, Col  
5. Date of Birth of Child  
(Month, day, year) Aug. 15, 1883  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Algenon Newton Jacokes  
11. Color white 12. Age at time of THIS birth 24 yrs.  
13. Birthplace West Branch, Lewis Co. New York  
(City or town) (State or foreign country)  
14. Exact Occupation Laborer  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Francis Emma Dory  
17. Color white 18. Age at time of THIS birth 22 yrs.  
19. Birthplace Alamicee Co., Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know.  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by CARRIE L. SIMPSON  
who is related as Aunt (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature Carrie L. Simpson M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife UNITY BAKER COUNTY, ORE.

State of OREGON ss. **AFFIDAVIT**  
County of BAKER

I, the undersigned, being first duly sworn, say that I am the ATTENDANT (To be completed when the attendant does not sign in Item 25.)  
(Mother, etc.) of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 63 years, and that SUSAN H. DORY who attended this birth IS NOW DECEASED I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30<sup>th</sup> day of March, 1946  
(SEAL) J. O. Hardman Signature Carrie L. Simpson  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) P. O. Address UNITY BAKER COUNTY, ORE.

Received for filing on APR 4 1946 by W. H. H. H. H. Notary Public, residing at UNITY BAKER COUNTY, ORE.  
My commission expires Feb. 8, 1947

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

APR 5 1948

APR 8





Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295 171001-212

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **419614**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>712 State St.</u> (d) Name of Hospital or Maternity Home: <u>The Home at 712 State St.</u> (e) Mothers stay BEFORE delivery: In <u>THIS</u> county <u>19</u> years - months - days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>712 State St.</u> (e) How long has MOTHER lived in Idaho? <u>44</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>James F. Kimzey</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct. 21-1883</u>	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> <u>If so—born 1st, 2nd, 3rd</u>	<b>8. No. months of Pregnancy</b> <u>9 mo</u> <b>9. Legitimate?</b> <u>Yes.</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>James Samuel Kimzey</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>49</u> yrs. <b>13. Birthplace</b> <u>Missouri</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Wheelwright</u> <b>15. Industry or Business</b> <u>Wheelwright</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Mary Basil</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>35</u> yrs. <b>19. Birthplace</b> <u>Keokuk Iowa</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>Housewife</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> _____ <b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>3</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive at A M. on the date Oct. 21-1883 and at the place stated above, and that personal particulars were furnished by Jessie O Basil (First name) (Last name) who is related as Aunt (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** 201 Flume St **Date** \_\_\_\_\_

**State of** Idaho **County of** Ada **ss.** (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 62 years, and that Wm. John Curpenter Stephens who attended this birth deceased (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**AFFIDAVIT**

Jessie O Basil Signature  
201 Flume St. P.O. Address

Subscribed and sworn to before me this 13th day of June 1946  
(SEAL) Notary Public, residing at Boise  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

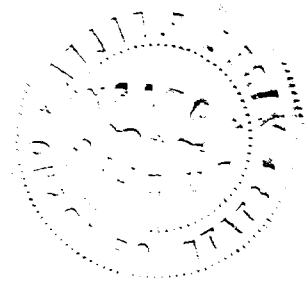
Received for filing on JUN 21 1946 by Mary F. Elder, Registrar

JUN 23 1951

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

362-105 021-253

420699

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>FRANKLIN</u> (b) City <u>WESTON</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>17</u> years <u>8</u> months <u>5</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>FRANKLIN</u> (c) City <u>WESTON</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>17 3/4</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>JOHN COBURN</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>OCT. 5, 1883</u>	
<b>6. Sex</b> <u>MALE</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> <u>NINE</u>	<b>9. Legitimate?</b> <u>YES</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>FREDRICK A. COBURN</u> <b>11. Color or Race</b> <u>WHITE</u> <b>12. Age at time of THIS birth</b> <u>25</u> yrs. <b>13. Birthplace</b> <u>PROVIDENCE R. I.</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>FARMER</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>EMMA BELL</u> <b>17. Color or Race</b> <u>WHITE</u> <b>18. Age at time of THIS birth</b> <u>17 3/4</u> yrs. <b>19. Birthplace</b> <u>BLOOMINGTON IDAHO</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>HOUSE WIFE</u> <b>21. Industry or Business</b> _____	

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
**23.** Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living \_\_\_\_\_

## ATTENDANT'S CERTIFICATE

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was born alive at P. M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Nancy E. Jones  
(First name) (Last name)  
who is related as aunt  
(Mother, etc.)

**25.** Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Idaho } ss. **AFFIDAVIT**  
County of Franklin }  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears  
(Mother, etc.)

in Item 4, above, that I am now 52 years of age, that I have known this person for 62 years, and that  
Maria Maughan who attended this birth is now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

Nancy E. Jones Signature  
Dexter Idaho P. O. Address

Subscribed and sworn to before me this 17 day of June, 1946.  
(SEAL) \_\_\_\_\_, Notary Public, residing at Reston Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1946 by Mary Elder, Registrar

JUL 9 1940

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366 209030-293

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **424568**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County _____ (b) City <u>Salmon</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County _____ (c) City <u>Salmon City</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>5</u> yrs.
<b>3. RESIDENCE OF FATHER</b> (city, state) _____		

<b>4. FULL NAME OF CHILD</b> <u>Louise Lower</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>Sept. 9, 1883</u>
<b>6. Sex</b> <u>female</u>	<b>7. Twin or Triplet</b> _____
	<b>8. No. months of Pregnancy</b> <u>9</u>
	<b>9. Legitimate?</b> <u>Yes</u>

**FATHER OF CHILD**

<b>10. FULL NAME</b> <u>Amos Stackhouse Lower</u>
<b>11. Color or Race</b> <u>white</u>
<b>12. Age at time of THIS birth</b> _____ yrs.
<b>13. Birthplace</b> <u>Philadelphia, Pennsylvania</u> (City or town) (State or foreign country)
<b>14. Exact Occupation</b> <u>farmer</u>
<b>15. Industry or Business</b> _____

**MOTHER OF CHILD**

<b>16. FULL MAIDEN NAME</b> <u>Eliza Ann Billings</u>
<b>17. Color or Race</b> <u>white</u>
<b>18. Age at time of THIS birth</b> _____ yrs.
<b>19. Birthplace</b> <u>Illinois</u> (City or town) (State or foreign country)
<b>20. Exact Occupation</b> <u>housewife</u>
<b>21. Industry or Business</b> _____

<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

<b>25. Attendant's OWN signature</b> <u>Montana</u>	<b>M.D. Address</b> _____	<b>Date</b> _____
---	---------------------------	-------------------

State of Yellowstone } ss. **AFFIDAVIT**  
County of \_\_\_\_\_

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4 above, that I am now 7.3 years of age, that I have known this person for 6.3 years, and that \_\_\_\_\_, who attended this birth \_\_\_\_\_ I further \_\_\_\_\_ (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24th day of August 1946  
(SEAL) John W. Wright Notary Public for the State of Montana  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Signature Ann Larrie Lower Badgett P. O. Address 810 N. 26th St. Billings, Mont.  
Residing at 810 N. 26th St. Billings, Mont.  
Commission expires Nov. 1948

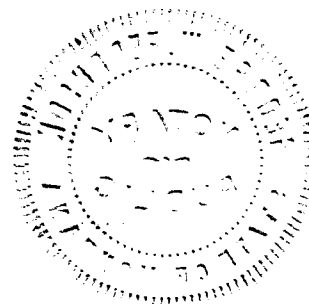
Received for filing on SEP 24 1946 by John W. Wright Registrar

SEP 25 1946

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

664 231 036-215

424588

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Owaida</u> (b) City <u>Soda Spre</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>16</u> years <u>11</u> months <u>25</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Owaida</u> (c) City <u>Soda Springs</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>17</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Idamay Womack</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>May 31, 1883</u>	
<b>6. Sex</b> <u>FEMALE</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> _____	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>William N Womack</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>21</u> yrs. <b>13. Birthplace</b> <u>Tupello Miss.</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>farmer</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>MARY HENRIETTA HANSEN</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>17</u> yrs. <b>19. Birthplace</b> <u>Soda Springs Idaho</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living _____			

## ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

State of Idaho } ss. **AFFIDAVIT**  
County of BINGHAM }  
I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 63 years, and that Mrs. Abeline Christofferson (First name) (Last name) who attended this birth now deceased (Is now deceased, or cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

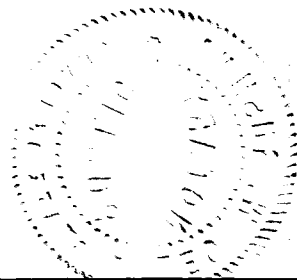
Subscribed and sworn to before me this 25th day of Sept - 1946  
(SEAL) John W. Wright Notary Public, residing at Firth Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)  
Received for filing on OCT 1 1946 by John W. Wright Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 4 1946





Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

665-1041-26-761

426122

United States  
Department of Commerce  
Bureau of the Census

Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.  
Local Reg. No.  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Oakley</u> (c) Street Address or R.F.D. No. <u>R. F. D.</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <u>15</u> years <u>6</u> months <u>0</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Oakley</u> (d) Street Address or R.F.D. No. <u>RFD</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>65</u> yrs.	
--	--	--	--

<b>4. FULL NAME OF CHILD</b> <u>Henry Rolland Owens</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Aug. 4, 1883.</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>No</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>Melville Rolland Owens</u>	<b>16. FULL MAIDEN NAME</b> <u>Annie Laurie Poage</u>		
<b>11. Color or Race</b> <u>White</u>	<b>17. Color or Race</b> <u>White</u>		
<b>12. Age at time of THIS birth</b> <u>26</u> yrs.	<b>18. Age at time of THIS birth</b> <u>19</u> yrs.		
<b>13. Birthplace</b> <u>Hornetstus, California</u> <u>USA</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>Beaver City, Nebraska.</u> (City or town) (State or foreign country)		
<b>14. Exact Occupation</b> <u>Stockman</u>	<b>20. Exact Occupation</b> <u>Housewife</u>		
<b>15. Industry or Business</b> <u>Cattle</u>	<b>21. Industry or Business</b> <u>Home-making</u>		

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** ?

**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was                      at                      M. on the date                      and at the place stated above, and that personal particulars were furnished by                     , who is related to this child as                     .  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature**                      **M.D. Midwife**                      **Address**                      **Date**                     

State of Idaho  
County of Gooding } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 63 years, and that Mrs. Nancy L. Owens is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Laurie Owens Signature  
Box 797, Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of November, 1946.

(SEAL) Branch Bnd Notary Public, residing at Gooding, Idaho.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 11-914, Idaho Code Annotated.)

Received for filing on NOV 13 1946 by John W. Wright Registrar.

NOV 14 1946

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

281 229 46-391

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **430469**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Cassia (b) City Oakley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Cassia  
(c) City Oakley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

4. **FULL NAME OF CHILD** Bertha Armintha Sharp  
6 Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

3. **RESIDENCE OF FATHER** (city, state) Oakley, Ida.  
5. Date of Birth of Child (Month, day, year) Nov. 29, 1883  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Heber C. Sharp  
11. Color or Race White 12. Age at time of THIS birth 21 yrs.  
13. Birthplace Kaysville, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Painter  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Mary Ann Craner  
17. Color or Race White 18. Age at time of THIS birth 15 yrs.  
19. Birthplace Grantsville, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living \_\_\_\_\_

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of California } ss. **AFFIDAVIT**  
County of Riverside }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 64 years, and that Annie Sharp (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 27th day of January, 1947  
(SEAL) Ray 629 Notary Public, residing at Ray 629  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1947 by John W. Wright Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 28 1947

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

713-128-227-619  
United States  
Department of Commerce  
Bureau of the Census.

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

431945  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Genesee  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: none  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Genesee  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
3. **RESIDENCE OF FATHER** (city, state) Ill.

4. **FULL NAME OF CHILD** Alvin C. Calbreath
5. **Date of Birth of Child** (Month, day, year) 1/28/1883
6. Sex male 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Wm. Alvey Calbreath  
11. Color wh. 12. Age at time of THIS birth 47 yrs.  
13. Birthplace Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Elizabeth M. Warmoth  
17. Color Wh. 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Memouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at A M. on the date 1/28/1883 and at the place stated above, and that personal particulars were furnished by Alvira Eagle who is related as Sister (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

- State of California } ss. ss.  
County of Tehama }

- I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for all his life years, and that Aradna Frank who attended this birth Is now deceased (First name) (Last name) (Is now deceased) or (Cannot be located)
- state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 17th day of February, 1947  
(SEAL) M E Rafael Notary Public, residing at Corning, Cal  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

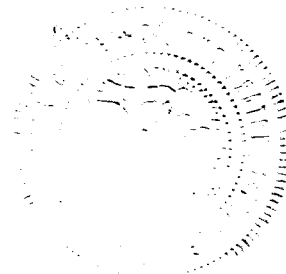
- Received for filing on MAR 5 1947 by John W Wright Registrar

MAR 7 1947

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

633-107.016-764

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

722 9 20 1927  
State File No. \_\_\_\_\_  
Local Reg. No. **433318**  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Larimer (b) City Elba  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: at home on this farm  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 1 years 5 months \_\_\_\_\_ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Larimer  
(c) City Elba  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? \_\_\_\_\_ yrs.
3. **RESIDENCE OF FATHER** (city, state) Elba Idaho  
4. **FULL NAME OF CHILD** John H. Bodpuy Ottley  
5. Date of Birth of Child (Month, day, year) Oct 7 1883  
6. Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy 9 9. Legitimate? \_\_\_\_\_

- FATHER OF CHILD**  
10. **FULL NAME** Peter Henry Ottley  
11. Color white 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Bures Essex England  
(City or town) (State or foreign country)  
14. Exact Occupation Farming & Stock raising  
15. Industry or Business My Father passed away Aug 1/1902
- MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Sophia Eliza Bodpuy  
17. Color white 18. Age at time of THIS birth 21 yrs.  
19. Birthplace South Cottonwood Salt Lake Co Utah  
(City or town) (State or foreign country)  
20. Exact Occupation House wife on farm  
21. Industry or Business My mother passed away Aug 2 yrs ago
22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

- State of \_\_\_\_\_ } ss. **AFFIDAVIT**  
County of \_\_\_\_\_ } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now \_\_\_\_\_ years of age, that I have known this person for \_\_\_\_\_ years, and that \_\_\_\_\_, who attended this birth, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
P. O. Address  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_  
(SEAL) \_\_\_\_\_, Notary Public, residing at \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MARCH 1947 by \_\_\_\_\_, Registrar

MAR 24 1947

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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236-225-038-763

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **433337**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Payette (b) City Payette  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: born at home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Payette  
(c) City Payette  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) \_\_\_\_\_ ☒

4. **FULL NAME OF CHILD** Margaret Inazel Bloom  
7. Twin or Triplet no If so—born 1st, 2nd, 3rd \_\_\_\_\_

5. **Date of Birth of Child**  
(Month, day, year) Nov. 25th 1983  
8. No. months of Pregnancy 9 9. Legitimate? yes

6 Sex female  
**FATHER OF CHILD**  
10. **FULL NAME** John Westley Bloom  
11. Color or Race white 12. Age at time of THIS birth 23 yrs.  
13. Birthplace Peroria Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation farmer  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Catherine Delila Potts  
17. Color or Race white 18. Age at time of THIS birth 23 yrs.  
19. Birthplace Golden City Colorado  
(City or town) (State or foreign country)  
20. Exact Occupation house wife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by Albert L. Potts who is related as mothers brother  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

**AFFIDAVIT**

State of \_\_\_\_\_ } ss. (To be completed when the attendant does not sign in Item 25.)  
County of \_\_\_\_\_ }  
I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 60+ years, and that who attended this birth I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7th day of March 1984  
(SEAL) 704 414 Jefferson St. Boise, Idaho Signature \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing at \_\_\_\_\_  
John W. Wright Registrar

Received for filing on MAR 22 1947 by \_\_\_\_\_

MAR 24 1947

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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54-126-004 675

436361

436361

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Bear Lake (b) City Liberty  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
None  
(e) Mothers stay BEFORE delivery:  
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Liberty  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Eugene Winn Bentler

5. Date of Birth of Child  
(Month, day, year) Nov 26, 1885

6 Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Albert Fredic Bentler 16. FULL MAIDEN NAME Elizabeth Jane Winn

11. Color or Race White 12. Age at time of THIS birth 26 yrs. 17. Color or Race White 18. Age at time of THIS birth 18 yrs.

13. Birthplace Berne, Switzerland (City or town) (State or foreign country) 19. Birthplace Nephi, Utah (City or town) (State or foreign country)

14. Exact Occupation Lumberman 20. Exact Occupation Housewife

15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of..... } ss. (To be completed when the attendant does not sign in Item 25.)  
County of..... }  
I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

Signature  
P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)....., Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by....., Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

# AFFIDAVIT OF BIRTH

## PERSONAL AND STATISTICAL PARTICULARS

Full Name of Child Eugene Winn Beutler  
Date of Birth November 26, 1883  
Place of Birth Liberty, Idaho ( Bear Lake County)  
Sex of Child Male  
Full Name of Father Robert Fredic Beutler  
Residence at Child's Birth Liberty, Idaho  
Age at Child's Birth 26  
Color or Race White  
Birthplace Berne, Switzerland  
Occupation at Child's Birth Lumberman  
Full Maiden Name of Mother Elizabeth Jane Winn  
Residence at Child's Birth Liberty, Idaho.  
Age at Child's Birth 18  
Color or Race White  
Birthplace Nephi, Utah.  
Occupation at Child's Birth Housewife

I HEREBY CERTIFY that I am the Mother of this child,  
who was born on the date above stated.

I was born March 12-1869  
DATE

Affiant Elizabeth J. Beutler  
Address 325 Healy St Ogden Utah

Dated June 25, 1947

Subscribed and sworn to before me this 25th  
day of June, 1947

Notary Public for Utah County,  
State of Utah

SEAL

The RECORDING of this Document does not vouch for the truth of any of the statements alleged

JUN 9 1947

John W. Wright

AFFIDAVIT OF BIRTH

RECORDED AT REQUEST OF

*Eugene W. Bentler**June 5, 1947* at *11* hour*35 min. 2* M., in book *6**Miscellaneous*  
Birth Records, page *632**Sacramento County Records - Pleasant Lake*  
*County Records - Idaho**James V. Hansen* Recorder*Ruby D. Hansen* Deputy  
PROOF READ

NOT RECORDED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

755-230-044-331

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **436391**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Council</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county      years      months      days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Adams</u> (c) City <u>Council</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? _____ yrs.	
<b>4. FULL NAME OF CHILD</b> <u>MARY ANN PEEBLES</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>9/30/83</u>	
<b>6 Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> _____	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Alfred Wood peebles</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>25</u> yrs. <b>13. Birthplace</b> <u>Zanesville, Ohio</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> <u>Farming</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Eva Clarke</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>20</u> yrs. <b>19. Birthplace</b> <u>Illinois</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>Housekeeping</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
Idaho  
Washington

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears (Mother, etc.)  
in Item 4, above, that I am now 64 years of age, that I have known this person for 63 years, and that Father and Mother who attended this birth are now deceased I further (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13<sup>th</sup> day of May, 1947  
(SEAL) Margaret V. [Signature], Notary Public, residing at Cambridge, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-974, Idaho Code Annotated.)

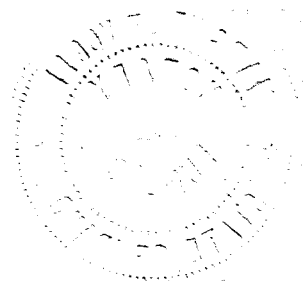
Received for filing on JUN 10 1947 by John W. Wright, Registrar

JUN 11 1947

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **439342**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Basin</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>2</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Basin</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>2</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Ancel Clyde Fairchild</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Jan. 23, 1883</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Moroni Joshua Fairchild</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>28</u> yrs. <b>13. Birthplace</b> <u>Utah</u> <u>United States</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Amey J. Hatch</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>19</u> yrs. <b>19. Birthplace</b> <u>Washington, United States</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>5</u>			

## ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

State of Idaho } ss. **AFFIDAVIT**  
County of Cassia }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person since birth years, and that Jeanette Daily (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Amey J. Hatch Fairchild Pennington P. O. Address \_\_\_\_\_  
Subscribed and sworn to before me this 29 day of July  
(SEAL) Henry W. [unclear] Notary Public, residing at Basin, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 4 1947 by John W. Wright Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-206-249-655

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

443597

State File No. **443597**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County LATO (b) City MOSCOW  
(c) Street Address or R.F.D. No. CEN. DEL. No. 400.  
(d) Name of Hospital or Maternity Home:  
BORN ON A FARM  
(e) Mothers stay BEFORE delivery:  
In THIS county 8 years 9 months 2 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County LATAH  
(c) City MOSCOW  
(d) Street Address or R.F.D. No. CEN. DEL. FARM  
(e) How long has MOTHER lived in Idaho? 12 yrs.
3. **RESIDENCE OF FATHER** (city, state) SAME AS ABOVE

4. **FULL NAME OF CHILD** NETTIE IZORA JONES
5. **Date of Birth of Child**  
(Month, day, year) JAN. 6, 1883
6. **Sex** FEMALE 7. **Twin or Triplet** No If so—born 1st, 2nd, 3rd
8. **No. months of Pregnancy** 9 9. **Legitimate?** YES

- FATHER OF CHILD**
10. **FULL NAME** JOEL CALVERY JONES
11. **Color or Race** WHITE 12. **Age at time of THIS birth** 22 yrs.
13. **Birthplace** OMAHA, NEB.  
(City or town) (State or foreign country)
14. **Exact Occupation** LABORER
15. **Industry or Business** FARMING
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** SARAH ADILINE OVERACKER
17. **Color or Race** WHITE 18. **Age at time of THIS birth** 21 yrs.
19. **Birthplace** DES MOINES, IOWA  
(City or town) (State or foreign country)
20. **Exact Occupation** HOUSEWIFE
21. **Industry or Business**

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** DO NOT KNOW
23. **Number of children of this mother:** (a) At time of birth and including this child 4 (b) Born alive and now living YES

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. **Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife**

- State of** Washington **County of** Carter } ss. **AFFIDAVIT**

- I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 64 years, and that PHARBE WILSON who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Mary Z Shirewolt Signature  
Pullman, Wash. P. O. Address  
Oct 13 1947  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1947  
(SEAL) James J. Shirewolt Notary Public, residing at Clarkston  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Wash.

- Received for filing on OCT 30 1947 by John W. Wright Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

342-210-029-553

406302

United States -  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **446302**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>P. O. Blaine</u> (c) Street Address or R.F.D. No. <u>Home of parents</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>2</u> years <u>8</u> months <u>days</u>		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>nearest town Moscow</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>2</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Dena Josephine Toskey</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>March 10, 1883</u>	
<b>6 Sex</b> <u>female</u>	<b>7. Twin or Triplet</b> <u>No</u>	<b>8. No. months of Pregnancy</b> <u>9 mo.</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>John Ellingson Toskey</u>	<b>16. FULL MAIDEN NAME</b> <u>Fattie Caroline Nelson</u>		
<b>11. Color or Race</b> <u>White</u>	<b>17. Color or Race</b> <u>White</u>		
<b>12. Age at time of THIS birth</b> <u>38 yrs.</u>	<b>18. Age at time of THIS birth</b> <u>23 yrs.</u>		
<b>13. Birthplace</b> <u>Norway</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>Sweden</u> (City or town) (State or foreign country)		
<b>14. Exact Occupation</b> <u>Barber</u>	<b>20. Exact Occupation</b> <u>Housewife</u>		
<b>15. Industry or Business</b> <u>Same</u>	<b>21. Industry or Business</b> <u>Same</u>		
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

**State of** Washington **County of** Spokane **ss.** \_\_\_\_\_

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 64 years, and that John Ellingson Toskey who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
(First name) (Last name) (Is now deceased) or (Cannot be located)

**under Chapter 139, 1937 Session Laws.**

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

\_\_\_\_\_ of the person whose name appears (Mother, etc.)

\_\_\_\_\_ years, and that \_\_\_\_\_

\_\_\_\_\_ who attended this birth \_\_\_\_\_ I further

\_\_\_\_\_ (Is now deceased) or (Cannot be located)

\_\_\_\_\_ state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-

\_\_\_\_\_ under Chapter 139, 1937 Session Laws.

Sarah Brown Signature

3215 Madison, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of January, 1948

(SEAL)

\_\_\_\_\_, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1/5/48 by John W. Wright Registrar

JAN 6 1944

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-229-014-494

247711

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **447711**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Caldwell</u> (c) Street Address or R.F.D. No. <u>near</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>21</u> years <u>3</u> months <u>14</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>near Caldwell on ranch</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>21</u> yrs.	
<b>3. RESIDENCE OF FATHER</b> (city, state) <u>same</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>April 29, 1883</u>	

<b>4. FULL NAME OF CHILD</b> <u>Bessie Bell Morris</u>		<b>6. Sex</b> <u>White</u>	
<b>7. Twin or Triplet</b>		<b>8. No. months of Pregnancy</b> <u>9</u>	
If so—born 1st, 2nd, 3rd		<b>9. Legitimate?</b> <u>yes</u>	

<b>FATHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Levis Morris</u>	<b>12. Age at time of THIS birth</b> <u>24</u> yrs.
<b>11. Color or Race</b> <u>White</u>	
<b>13. Birthplace</b> <u>Morton</u> (City or town)	<u>Kansas</u> (State or foreign country)
<b>14. Exact Occupation</b> <u>farmer</u>	
<b>15. Industry or Business</b>	

<b>MOTHER OF CHILD</b>	
<b>16. FULL MAIDEN NAME</b> <u>Jennie Drugen</u>	<b>18. Age at time of THIS birth</b> <u>23</u> yrs.
<b>17. Color or Race</b> <u>white</u>	
<b>19. Birthplace</b> <u>Knoxville Kentucky</u> (City or town)	(State or foreign country)
<b>20. Exact Occupation</b> <u>House wife</u>	
<b>21. Industry or Business</b>	

<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child _____ (b) Born alive and now living <u>yes</u>

## ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was Born at 9 P.M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Alice Drugen  
(First name) (Last name)  
who is related as Aunt  
(Mother, etc.)

<b>25. Attendant's OWN signature</b> <u>Alice Drugen</u>	<b>M.D. Address</b> <u>yes</u>	<b>Date</b> <u>April 29 1883</u>
--	--------------------------------	----------------------------------

State of _____	} ss.	<b>AFFIDAVIT</b> (To be completed when the attendant does not sign in Item 25.)
County of _____		

I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now \_\_\_\_\_ years of age, that I have known this person for \_\_\_\_\_ years, and that  
\_\_\_\_\_, who attended this birth, \_\_\_\_\_ I further  
(First name) (name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
P. O. Address

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_  
(SEAL) \_\_\_\_\_, Notary Public, residing at \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1948 by John W. Wright, Registrar

FEB 9 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for fil-  
ing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-103-022-719

L47732

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **447732**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Egin</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>1</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Egin</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>1</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Charles Albert Stoddard</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>May 3, 1883</u>	
<b>6 Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> <u>Triplet</u> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Alonzo Stoddard</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth.</b> <u>22</u> yrs. <b>13. Birthplace</b> <u>Morgan</u> <u>Utah</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Cowboy</u> <b>15. Industry or Business</b> <u>herding cows</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Eliza Ann Parker</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth.</b> <u>22</u> yrs. <b>19. Birthplace</b> <u>Morgan</u> <u>Utah</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> <u>none</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>3</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

State of Idaho } ss. **AFFIDAVIT**  
County of Fremont } (To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears (Mother, etc.)  
in Item 4, above, that I am now 27 years of age, that I have known this person for 65 years, and that Eliza Ann Parker (mother of affiant), who attended this birth deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

Eliza Ann Stoddard Signature  
238 W. Main St. Anthony, Idaho P. O. Address  
Subscribed and sworn to before me this 12th day of February, 1948.  
(SEAL) Ralph Littan Notary Public, residing at St. Anthony, Ida.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on FEB 17 1948 by John W. Wright Registrar

EEB 17 1948

1950

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELETED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

891-10-008-915

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

1948-3

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. DE48-0003  
Local Reg. No. 352  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Blairville</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>22</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Blairville</u> (d) Street Address or R.F.D. No. (e) How long has <b>MOTHER</b> lived in Idaho? <u>22</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>William Henry Hiatt</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>June 10-1883</u>	
<b>6. Sex</b> <u>Male</u>		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>7. Twin or Triplet</b> <u>1st, 2nd, 3rd</u>		<b>9. Legitimate?</b> <u>Yes</u>	
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Walter Francis Hiatt</u>		<b>14. FULL MAIDEN NAME</b> <u>Elizabeth Rault</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>28</u> yrs.		<b>18. Age at time of THIS birth</b> <u>24</u> yrs.	
<b>13. Birthplace</b> <u>St. Pleasant, Iowa</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Charleston, S.C.</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Sawmill operator</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> <u>Saw mill</u>		<b>21. Industry or Business</b> ..	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> ..			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)

**25. Attendant's OWN signature** [Signature] **M.D. Address** [Address] **Date** [Date]

**State of** Idaho **County of** Boise **ss.** **AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the personal friend of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 73 years of age, that I have known this person for 64 years, and that  
Dr. Wm. G. Rothwell, who attended this birth is now deceased, I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

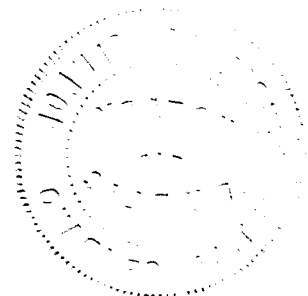
[Signature] **Signature**  
Blairville, Idaho **P. O. Address**  
Subscribed and sworn to before me this 19 day of February 1948  
(SEAL) Henrietta Bernard, Notary Public, residing at Blairville  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on February 19, 1948 by Mrs. E. S. Robison, Registrar

FEB 25 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

445-222-001-392

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. DE48-0036  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County _____ (b) City <u>Boise</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Delivered by Dr. B. F. Russell</u> (e) Mothers stay <u>BEFORE</u> delivery: <u>about</u> In <u>THIS</u> county _____ years <u>6</u> months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State _____ (b) County _____ (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>about 6 mths.</u>
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<b>4. FULL NAME OF CHILD</b> <u>Ola Elva Dunlap</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>April 22, 1883</u>
<b>6. Sex</b> <u>F</u>	<b>8. No. months of Pregnancy</b> <u>9</u>
<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____	<b>9. Legitimate?</b> <u>Yes</u>

**FATHER OF CHILD**

<b>10. FULL NAME</b> <u>Samuel Harvey Dunlap</u>
<b>11. Color or Race</b> <u>white</u>
<b>12. Age at time of THIS birth</b> <u>39</u> yrs.
<b>13. Birthplace</b> <u>Fayetteville, Ohio</u> (City or town) (State or foreign country)
<b>14. Exact Occupation</b> <u>Farmer</u>
<b>15. Industry or Business</b> _____

**MOTHER OF CHILD**

<b>16. FULL MAIDEN NAME</b> <u>Elizabeth A. Cissna</u>
<b>17. Color or Race</b> <u>white</u>
<b>18. Age at time of THIS birth</b> <u>34</u> yrs.
<b>19. Birthplace</b> <u>Piketon, Ohio</u> (City or town) (State or foreign country)
<b>20. Exact Occupation</b> <u>Housewife</u>
<b>21. Industry or Business</b> _____

<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>3</u>

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ who is related as \_\_\_\_\_  
(Born alive, stillborn) (First name) (Last name)  
(Mother, etc.)

<b>25. Attendant's OWN signature</b> _____	<b>M.D. Address</b> _____	<b>Date</b> _____
_____	<b>Midwife</b> _____	

State of Oregon } ss. **AFFIDAVIT**  
County of Harney }  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the First Cousin of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 65 years, and that Violet Symantia Fowler, my mother, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.  
(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 13th day of February, 1948  
(SEAL) E. B. McConnell Notary Public, residing at Burns, Oregon  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp. 3/15/48  
Received for filing on MAR 9 1948 by John W. Wright Registrar

MAR 9 1938

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Midvale</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Indian Valley</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>Indian</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Emma Laura Hartley</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Apr. 23 1883</u>	
<b>6. Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> If so—born 1st, 2nd, 3rd		<b>8. No. months of Pregnancy</b> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Horatio Hamilton Hartley</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>30</u> yrs. <b>13. Birthplace</b> <u>Nashville Tennessee</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Elizabeth A. Linder</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>27</u> yrs. <b>19. Birthplace</b> <u>Cookville Missouri</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.**  
**23. Number of children of this mother:** (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)  
**25. Attendant's OWN signature** M.D. Address Date  
Midwife

State of Idaho }  
County of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle..... of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 65 years, and that Mrs. Harp....., who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

R E Linder Signature

Subscribed and sworn to before me this 17 day of March, 1948  
(SEAL) J H Goodrich Notary Public, residing at Midvale Ida.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1948 by John W Wright Registrar.

MAR 23 1948

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

395-210-025-666

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. DE48-0126  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Idaho (b) City Mount Idaho  
(c) Street Address or R.F.D. No. Rural  
(d) Name of Hospital or Maternity Home:  
at the home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City Mount Idaho  
(d) Street Address or R.F.D. No. Rural  
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

4. **FULL NAME OF CHILD** Maud Alene Mc Cready  
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state)  
5. Date of Birth of Child (Month, day, year) Oct. 10, 1883  
8. No. months of Pregnancy 9. Legitimate? yes

6 Sex Female  
**FATHER OF CHILD**  
10. **FULL NAME** William E. Mc Cready  
11. Color or Race white 12. Age at time of THIS birth 30 yrs.  
13. Birthplace Pennsylvania  
(City or town) (State or foreign country)  
14. Exact Occupation Blacksmith  
15. Industry or Business Blacksmith

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Jeanette Woodruff  
17. Color or Race white 18. Age at time of THIS birth 19 yrs.  
19. Birthplace Near Seattle, Washington  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Washington  
County of Asotin

ss. **AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears (Mother, etc.)

in Item 4, above, that I am now 80 years of age, that I have known this person for 64 years, and that Hannah Smith who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Julia Odle Signature

734-10th Street- Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 24th day of March, 1948.

(SEAL) John H. Thompson, Notary Public, residing at Clarkston, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 26, 1948 by John H. Thompson, Registrar

MAR 27 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-205-021-569

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0137  
Department of Commerce  
Bureau of the Census

# CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County FRANKLIN (b) City MINK CREEK  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County FRANKLIN  
(c) City MINK CREEK  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mink Creek Idaho

4. **FULL NAME OF CHILD** EMMA MARIA WILDE

5. Date of Birth of Child  
(Month, day, year) FEB. 5 1883

6 Sex FEMALE 7. Twin or Triplet \_\_\_\_\_ If so—born \_\_\_\_\_  
1st, 2nd, 3rd 8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** THOMAS HEWLETT WILDE

11. Color or Race WHITE 12. Age at time of THIS birth 42 yrs.

13. Birthplace SOUTHAMTON, ENGLAND  
(City or town) (State or foreign country)

14. Exact Occupation FARMING as far as I know

15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MARTHA ALMIRA NORTON

17. Color or Race WHITE 18. Age at time of THIS birth 37 yrs.

19. Birthplace NEW YORK STATE Van Buren County Tenn.  
(City or town) (State or foreign country)

20. Exact Occupation \_\_\_\_\_

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

## AFFIDAVIT

State of \_\_\_\_\_ } ss. (To be completed when the attendant does not sign in Item 25.)  
County of \_\_\_\_\_ }  
I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 65 years, and that \_\_\_\_\_ (First name) (Last name) who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record—  
(Is now deceased) or (Cannot be located)

Received and sworn to before me this 22 day of March, 1948  
(SEAL) \_\_\_\_\_, Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 30, 1948 by John W. Wright, Registrar

MAR 30 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243-223235-264

United States (Be sure the information is as of date of birth of THIS child.)  
Department of Commerce  
Bureau of the Census  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. DE48-0161  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Nezperce (b) City Moscow  
(c) Street Address or R.F.D. No. Farm  
(d) Name of Hospital or Maternity Home:  
born at home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Nezperce  
(c) City Moscow  
(d) Street Address or R.F.D. No. Rural  
(e) How long has **MOTHER** lived in Idaho? 4 y. yrs.

4. **FULL NAME OF CHILD** Rosa Dianna Sutherland  
6. Sex Female 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) \_\_\_\_\_  
5. Date of Birth of Child (Month, day, year) 3-23-1883  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** John Sutherland  
11. Color White 12. Age at time of THIS birth 37 yrs.  
or Race Newton County, Missouri  
13. Birthplace (City or town) (State or foreign country)  
14. Exact Occupation Minister  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Nancy J. Bouring  
17. Color White 18. Age at time of THIS birth 33 yrs.  
or Race Louisville Kentucky  
19. Birthplace (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Oregon } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Lane }

I, the undersigned, being first duly sworn, say that I am the 31/21er of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 65 years, and that Diana Buchanan who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

B.B. Route, Cottage Grove Oregon Signature \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of March 1948 P. O. Address \_\_\_\_\_  
(SEAL) Richard Henderson Notary Public, residing at Belleville Oregon  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) My Comm. Expires 4/30/51

Received for filing on APR 6 1948 by John W. Wright Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0175  
Department of Commerce Local Reg. No. \_\_\_\_\_  
Bureau of the Census Reg. Dist. No. \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>2506 Boise Ave</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>2506 Boise Ave</u> (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Fred Merrett Johns</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>May 4<sup>th</sup> - 1883</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>If so - born 1st, 2nd, 3rd</u>	<b>8. No. months of Pregnancy</b>	<b>9. Legitimate?</b>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Edwin E. Johns</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>38</u> yrs. <b>13. Birthplace</b> <u>Galena Ills.</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Martha Jane Taylor</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>35</u> yrs. <b>19. Birthplace</b> <u>Corvallis Oregon</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>3</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife**

**AFFIDAVIT**

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Ada }  
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4 above, that I am now 77 years of age, that I have known this person for Life years, and that Doctor who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13 day of April, 1948.  
(SEAL) \_\_\_\_\_, Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.)

Received for filing on April 14, 1948 by John W. Wright, Registrar

APR 1 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

943-117-001-367

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0200  
Department of Commerce  
Bureau of the Census

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. West of Town  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay BEFORE delivery:  
In THIS county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. West of Town  
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) \_\_\_\_\_

4. **FULL NAME OF CHILD** Raymond Rutledge 5. Date of Birth of Child (Month, day, year) Dec. 17, 1923

6 Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_ 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas Hughston Rutledge  
11. Color or Race White 12. Age at time of THIS birth 46 yrs.  
13. Birthplace Georgia (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Catharine Cox  
17. Color or Race White 18. Age at time of THIS birth 30 yrs.  
19. Birthplace Missouri (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for birth since \_\_\_\_\_, who attended this birth Cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Mrs. Josephine E. Paris Signature  
Elko, Nev. P. O. Address

Subscribed and sworn to before me this 2nd day of November 1943  
(SEAL) \_\_\_\_\_ Notary Public, residing at Nampa, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

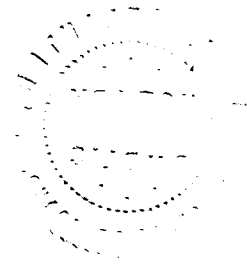
Received for filing on April 16, 1948 by John W. Wright Registrar

APR 16 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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735-215-030-286

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0372  
Department of Commerce  
Bureau of the Census

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Lemhi (b) City Salmon  
(c) Street Address or R.F.D. No. Main St  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay BEFORE delivery:  
In THIS county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Lemhi  
(c) City Salmon  
(d) Street Address or R.F.D. No. Main St  
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon Idaho

4. **FULL NAME OF CHILD** Mary Bradwardine Blundinning

5. **Date of Birth of Child**  
(Month, day, year) May-15<sup>th</sup>, 1883

6. **Sex** Female 7. **Twin or Triplet** \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. **No. months of Pregnancy** 9 9. **Legitimate?** Y

**FATHER OF CHILD**

10. **FULL NAME** James Blundinning

11. **Color or Race** White 12. **Age at time of THIS birth** 39 yrs.

13. **Birthplace** Baron, Hampshire, Scotland  
(City or town) (State or foreign country)

14. **Exact Occupation** Merchant

15. **Industry or Business** \_\_\_\_\_

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Jane Shoup

17. **Color or Race** White 18. **Age at time of THIS birth** 39 yrs.

19. **Birthplace** Panna  
(City or town) (State or foreign country)

20. **Exact Occupation** House wife

21. **Industry or Business** \_\_\_\_\_

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** \_\_\_\_\_

23. **Number of children of this mother:** (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. **Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

**AFFIDAVIT**

State of \_\_\_\_\_ ss. (To be completed when the attendant does not sign in Item 25.)  
County of \_\_\_\_\_  
I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for (all of her life) years, and that \_\_\_\_\_, who attended this birth deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Signature \_\_\_\_\_ P. O. Address \_\_\_\_\_  
B-517 Napa Ave -

Subscribed and sworn to before me this 1<sup>st</sup> day of Spokane - 13 - 1948  
(SEAL) June - 1948 Walter H. Cash, Notary Public, residing at Spokane  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

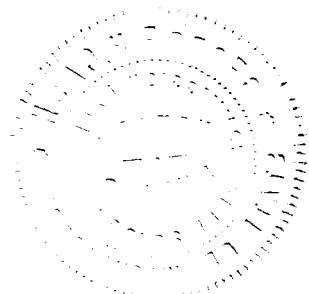
Received for filing on \_\_\_\_\_ by \_\_\_\_\_, Registrar

JUN 3 1940

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE48-0400

## CERTIFICATE OF BIRTH

Local Reg. No. \_\_\_\_\_

STATE OF IDAHO

Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Malad</u> (c) Street Address or R.F.D. No. <u>same</u> (d) Name of Hospital or Maternity Home: <u>same Home.</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No. <u>same</u> (e) How long has MOTHER lived in Idaho? _____ yrs.	
<b>4. FULL NAME OF CHILD</b> <u>William Glead</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>May 31 - 1923</u>	
<b>6 Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>John Glead</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>29</u> yrs. <b>13. Birthplace</b> <u>England</u> (City or town) _____ (State or foreign country) _____ <b>14. Exact Occupation</b> <u>farmer</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Rose Clark Glead</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>26</u> yrs. <b>19. Birthplace</b> <u>Wales</u> (City or town) _____ (State or foreign country) _____ <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child _____ (b) Born alive and now living _____			

### ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) \_\_\_\_\_ who is related as \_\_\_\_\_ (Mother, etc.) \_\_\_\_\_

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

State of Idaho } ss. **AFFIDAVIT**  
County of Oneida }

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 64 years, and that Eliza Clark (First name) \_\_\_\_\_ (Last name) \_\_\_\_\_, who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3<sup>rd</sup> day of June, 1948  
(SEAL) John M. Miller Clerk of the District Court Henry Glead Signature  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Malad City, Idaho P. O. Address \_\_\_\_\_  
Nancy Public, residing at Malad, Idaho

Received for filing on JUN 9 1948 by Shirley Wright Registrar

JUN 9 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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993-207-026-259  
RECEIVED  
AUG 27 1941  
United States Department of Commerce Bureau of the Census  
State File No. DE48-0642  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)  
(a) County Oneida (b) City Malad  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mothers stay BEFORE delivery:  
In THIS county 6 years 4 months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Malad  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same  
5. Date of Birth of Child (Month, day, year) Oct. 7, 1883  
6. Sex Female 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? ✓

10. FULL NAME Josiah Richardson  
11. Color or Race White 12. Age at time of THIS birth 38 yrs.  
13. Birthplace Potawatomie Camp, Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business ✓

16. FULL MAIDEN NAME Sarah Ann Knight  
17. Color or Race White 18. Age at time of THIS birth 38 yrs.  
19. Birthplace Potawatomie Camp, Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 4

#### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

#### AFFIDAVIT

State of Utah ss. (To be completed when the attendant does not sign in Item 25.)  
County of Weber  
I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 64 years, and that Mrs. Mary Stewart who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapfer 139, 1937 Session Laws.

Subscribed and sworn to before me this 24th day of August, 1941  
(SEAL)  
(Noted: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)  
Received for filing on AUG 28 1941 by John W. Wright, Registrar

AUG 28 1948

FILE # FROM 642 TO DE48-0642 1/3/13 KMC

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

299 - 229 - 070 - 299  
RECEIVED

AUG 28 1948

Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. DE48-0643  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bonneville</u> (b) City <u>Eagle Rock</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>Born at Home</u> (e) Mothers stay <b>BEFORE</b> delivery: In <u>THIS</u> county <u>      </u> years <u>      </u> months <u>      </u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonneville</u> (c) City <u>Eagle Rock</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>5</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Nellie Bristol</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>August 29, 1883</u>	
<b>6 Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> <u>      </u>	<b>8. No. months of Pregnancy</b> <u>      </u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Sterling Bristol</u>		<b>16. FULL MAIDEN NAME</b> <u>Mary Bristol</u>	
<b>11. Color or Race</b> <u>white</u>	<b>12. Age at time of THIS birth</b> <u>      </u> yrs.	<b>17. Color or Race</b> <u>white</u>	<b>18. Age at time of THIS birth</b> <u>32</u> yrs.
<b>13. Birthplace</b> <u>Elmira</u> (City or town)	<u>New York</u> (State or foreign country)	<b>19. Birthplace</b> <u>New Castle, England</u> (City or town)	<u>      </u> (State or foreign country)
<b>14. Exact Occupation</b> <u>Engineer</u>	<b>20. Exact Occupation</b> <u>Housewife</u>		
<b>15. Industry or Business</b> <u>      </u>	<b>21. Industry or Business</b> <u>      </u>		
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>      </u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>      </u> (b) Born alive and now living <u>      </u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was        at        M. on the date        and at the place stated above, and that personal particulars were furnished by        (First name)        (Last name) who is related as        (Mother, etc.)

**25. Attendant's OWN signature**        **M.D. Address**        **Date**         
**Midwife**       

**AFFIDAVIT**

State of California } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Los Angeles }  
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 65 years, and that was Freeman who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires April 27, 1952

Subscribed and sworn to before me this 23rd day of August, 1948

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1948 by John W. Wright Registrar

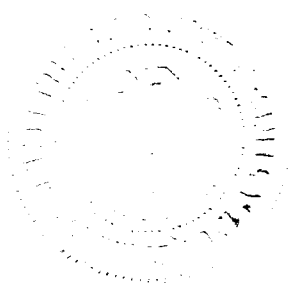
AUG 28 1948

FILE # FROM 643 TO DE48-0643 1/3/13 KMC

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

123-217-804-RECEIVED  
AUG 30 1948  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

United States Department of Commerce Bureau of the Census  
State File No. DE48-0654  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County. Bear Lake (b) City. Montpelier  
(c) Street Address or R.F.D. No. None  
(d) Name of Hospital or Maternity Home: at home. Private residence.  
(e) Mothers stay BEFORE delivery:  
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State. Idaho (b) County. Bear Lake  
(c) City. Montpelier  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) 15 years

4. FULL NAME OF CHILD Violet E. Astle

5. Date of Birth of Child (Month, day, year) Dec. 17, 1883

6 Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Astle  
11. Color or Race White 12. Age at time of THIS birth. 37 yrs.  
13. Birthplace. Nottingham, England  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabella Bradshaw  
17. Color or Race White 18. Age at time of THIS birth. 37 yrs.  
19. Birthplace. Bolton, Lancashire, England  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife,  
21. Industry or Business mother and housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child. 9 (b) Born alive and now living. 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ who is related as \_\_\_\_\_  
(Born alive, stillborn)  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of UTAH County of CACHE ss. (To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 64 years, years, and that Mrs. Bridges, who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 27th day of August 1948  
(SEAL) Roselyn H. Carson Notary Public, residing at Logan, Utah  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1948 by John W. Wright, Registrar

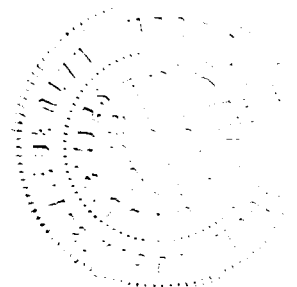
FIEL # FROM 654 TO DE48-0654 1/3/13 KMC

SEP 1 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312-120-044-662  
RECEIVED  
SEP 27 1948  
United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0775  
Department of Commerce SEP 27 1948  
Bureau of the Census DIVISION OF VITAL CERTIFICATE OF BIRTH  
STATE OF IDAHO Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (At time of this birth)  
(a) County Washington City Council Bluffs  
(c) Street Address or R.F.D. No. Idaho  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay BEFORE delivery:  
In THIS county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Iowa (b) County Wash.  
(c) City P.O. Council  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 23 yrs.  
3. RESIDENCE OF FATHER (city, state) \_\_\_\_\_  
4. FULL NAME OF CHILD Charles Columbus Laker  
5. Date of Birth of Child (Month, day, year) 10-20-1883  
6 Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD  
10. FULL NAME Lewis Laker 16. FULL MAIDEN NAME Chebe Foster  
11. Color White 12. Age at time of THIS birth 43 yrs. 17. Color White 18. Age at time of THIS birth 43 yrs.  
13. Birthplace Marion County, Mo. (City or town) (State or foreign country) 19. Birthplace Marion County, Mo. (City or town) (State or foreign country)  
14. Exact Occupation Farmer 20. Exact Occupation Home wife  
15. Industry or Business \_\_\_\_\_ 21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_

#### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Oregon County of Multnomah ss. (To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears (Mother, etc.)  
in Item 4, above, that I am now 71 years of age, that I have known this person for since birth years, and that Susy Day who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

#### AFFIDAVIT

Lydia Lindsey Signature  
927 SE 14th, Portland, Oreg. P. O. Address  
Subscribed and sworn to before me this 23 day of September 1948.  
(SEAL) Chas. J. J. J. Notary Public, residing at Portland  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1948 by John W. Wright Registrar

SEP 29 1948

FILE # FROM 775 TO DE48-0775 1/11/13 KMC

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-112-029

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States 297 (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0815  
Department of Commerce  
Bureau of the Census **CERTIFICATE OF BIRTH**  
STATE OF IDAHO Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Moscow  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home: none  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Moscow  
(d) Street Address or R.F.D. No. none  
(e) How long has **MOTHER** lived in Idaho? abt. 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** MARTIN J. THORNBURG

5. **Date of Birth of Child** April 12, 1883  
(Month, day, year)

6. Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_ 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** J. M. Thornburg

11. Color or Race white 12. Age at time of THIS birth 74 yrs.

13. Birthplace unknown California  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Agricultural

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Capriana Bigorquist

17. Color or Race white 18. Age at time of THIS birth 42 yrs.

19. Birthplace Santa Rosa, California  
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Washington } ss. **AFFIDAVIT**  
County of Lincoln } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 65 years, and that Mrs. Buchanan who attended this birth Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chas. E. Thornburg Signature  
P. O. Address \_\_\_\_\_

Subscribed and sworn to before me this 20th day of September, 1948  
(SEAL) Chas. E. Thornburg Notary Public, residing at Davenport  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 12, 1948 by John W. Wright Registrar

OCT 12 1948

FILE # FROM 815 TO DE48-0815 1/14/13 KMC

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



95-9 - 107-028-614

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. DE48-0990  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
 (a) County Kootenai (b) City Rathdrum  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Name of Hospital or Maternity Home: At Home  
 (e) Mothers stay **BEFORE** delivery:  
 In **THIS** county 1 years 10 months \_\_\_\_\_ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
 (a) State Idaho (b) County Kootenai  
 (c) City Rathdrum  
 (d) Street Address or R.F.D. No. \_\_\_\_\_  
 (e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Ida

4. **FULL NAME OF CHILD** Ernest Fredrick Reiniger 5. Date of Birth of Child  
 (Month, day, year) Jan. 7th 1883

6 Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born \_\_\_\_\_  
 1st, 2nd, 3rd \_\_\_\_\_ 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Henry Gottleib Reiniger  
 11. Color White 12. Age at time of THIS birth 32 yrs.  
 13. Birthplace Germany  
 (City or town) (State or foreign country)  
 14. Exact Occupation Brewer  
 15. Industry or Business Brewery Owner.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Faul  
 17. Color White 18. Age at time of THIS birth 32 yrs.  
 19. Birthplace Germany  
 (City or town) (State or foreign country)  
 20. Exact Occupation Housewife  
 21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (Born alive, stillborn)  
 (First name) (Last name)  
 who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
 Midwife \_\_\_\_\_

State of Idaho }  
 County of Kootenai } ss.

**AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the Sister (To be completed when the attendant does not sign in Item 25.)  
 (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 65 years, and that Sarah Melder who attended this birth now deceased I further  
 (First name) (Last name) (Is now deceased) or (Cannot be located)  
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
 ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30th day of November, 1948

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-974 Idaho Code Annotated.)

Received for filing on Dec 6, 1948 by W. A. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 6 1948

FILE # FROM 990 TO DE48-0990 1/24/13 KMC

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED

United States  
Department of Commerce  
Bureau of the Census

MAR 21 1949  
DIVISION OF VITAL

Before the information is as of date of birth of THIS child.)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. DE49-1278  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Hailey  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mothers stay BEFORE delivery:

In THIS county years 2 months days4. FULL NAME OF CHILD John Richardson6 Sex male

7. Twin or

If so—born

Twins

1st 2nd 3rd

## FATHER OF CHILD

10. FULL NAME James M. Richardson11. Color or Race White 12. Age at time of THIS birth 36 yrs.13. Birthplace Illinois  
(City or town) (State or foreign country)14. Exact Occupation blacksmith

15. Industry or Business

## 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine(c) City Hailey

(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? 38 yrs.3. RESIDENCE OF FATHER (city, state) Hailey Idaho5. Date of Birth of Child  
(Month, day, year) June 2nd 18938. No. months of Pregnancy 99. Legitimate? yes

## MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Nelson17. Color or Race White 18. Age at time of THIS birth 23 yrs.19. Birthplace Logan Utah  
(City or town) (State or foreign country)20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)

who is related as.....

(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

Midwife

State of California  
County of San Diego } ss.

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears  
(Mother, etc.)in Item 4, above, that I am now 68 years of age, that I have known this person for 65 years, and thatDr. B. T. W. W. who attended this birth is now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.Subscribed and sworn to before me this 18th day of March 1949

(SEAL)

A. A. L. L. L. Notary Public, residing at Redding, Calif.  
My Commission Expires Feb. 12, 1951.Received for filing on March 24, 1949 by W. W. Benson Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 22 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

215-121 RECEIVED 9

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE49-1328  
Department of Commerce APR 9 1949  
Bureau of the Census DIVISION OF VITAL

## CERTIFICATE OF BIRTH

STATE OF IDAHO

<b>1. PLACE OF BIRTH</b> (At time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Montpelier</u> , (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At home</u> . (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>3</u> years <u>4</u> months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Montpelier</u> , (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>3.2</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>James Banks</u>		<b>5. Date of Birth of Child</b> <u>Idaho</u> . (Month, day, year) <u>8/21/1883</u> .	
<b>6 Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> <u>XX</u> If so—born 1st, 2nd, 3rd <u>XX</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u> .
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>William H. Banks</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>46</u> yrs. <b>13. Birthplace</b> <u>Drosby, England</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer.</u> <b>15. Industry or Business</b> <u>none</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Margaret J. Armitage</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>39</u> yrs. <b>19. Birthplace</b> <u>Leeds, England.</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife.</u> <b>21. Industry or Business</b> <u>none.</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>None.</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>10</u> (b) Born alive and now living <u>9</u>			

### ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife**

### AFFIDAVIT

State of Idaho } ss.  
County of Bear Lake }  
I, the undersigned, being first duly sworn, say that I am the neighbor (To be completed when the attendant does not sign in Item 25.) of the person whose name appears in Item 4, above, that I am now 87 (Mother, etc.) years of age, that I have known this person for all his life years, and that Mrs. C. H. Bridges, midwife, who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. I was with my mother, Mrs. Bridges, when this child, James Banks, was born, and saw him at the time. \_\_\_\_\_ Signature  
Montpelier, Idaho P. O. Address  
Subscribed and sworn to before me this 28th day of March, 1949.  
(SEAL) Chas. E. Ziemer Notary Public, residing at Montpelier, Idaho.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 11, 1949 by W. L. Benson, Registrar.

APR 11 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-716-030-219

RECEIVED

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE49-1529  
Department of Commerce JUN 10 CERTIFICATE OF BIRTH Local Reg. No.  
Bureau of the Census DIVISION OF VITAL STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All ~~partitions~~ of this birth)  
(a) County Lemhi (b) City  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home: on farm home  
(e) Mothers stay BEFORE delivery: In THIS county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Lemhi  
(c) City  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 68 yrs.

3. RESIDENCE OF FATHER (city, state)  
4. FULL NAME OF CHILD James Walter Slater  
5. Date of Birth of Child (Month, day, year) March 16, 1923  
6 Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD  
10. FULL NAME James Bradley Slater 16. FULL MAIDEN NAME Mary Elizabeth Barnes  
11. Color white 12. Age at time of THIS birth yrs. 17. Color white 18. Age at time of THIS birth yrs.  
13. Birthplace England 19. Birthplace Missouri  
(City or town) (State or foreign country) (City or town) (State or foreign country)  
14. Exact Occupation Farmer 20. Exact Occupation house wife  
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by  
(First name) (Last name)  
who is related as.  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of Idaho } ss.  
County of Lemhi }  
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears  
(Mother, etc.)

in Item 4, above, that I am now 70 years of age, that I have known this person for 66 years, and that  
(First name) (Last name) who attended this birth is now deceased I further  
(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 6th day of June 1949  
(SEAL) Frederick Hughes Brock Notary Public, residing at Salmon, Idaho  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

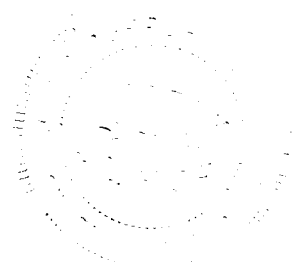
Received for filing on June 10, 1949 by W. W. Benson, Registrar

JUN 13 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





281 - 206-044-213

RECEIVED

JUN 23 1949

United States  
Department of Commerce  
Bureau of the Census

(Secure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. DE49-1571  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (At time of this birth)  
(a) County Washington (b) City Weiser  
(c) Street Address or R.F.D. No. 12 E. Main  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county seven years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Washington  
(c) City Weiser  
(d) Street Address or R.F.D. No. East Main St  
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho  
5. Date of Birth of Child May 6, 1883  
(Month, day, year)
- 6 Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**  
10. **FULL NAME** James Shaw  
11. Color or Race White  
12. Age at time of THIS birth 35 yrs.  
13. Birthplace Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Station agent  
15. Industry or Business Stage Station
- MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Malissa Ann Battin  
17. Color or Race White  
18. Age at time of THIS birth 35 yrs.  
19. Birthplace Indiana  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_
22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Idaho }  
County of Lemhi } ss.

**AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4 above, that I am now 71 years of age, that I have known this person for since birth years, and that Leta Viola Shaw who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24<sup>th</sup> day of June 1949  
(SEAL) Judith Hughes Notary Public, residing at Salmon, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 24, 1949 by W. W. Benson, Registrar

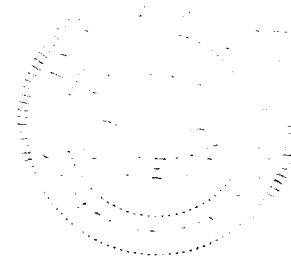
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 24 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191-  
~~1911 Session Laws~~, has not been recorded, or in case of failure to report  
any birth which has occurred subsequent to such date, such report may  
be received and filed by the local registrar for record in the Bureau of  
Vital Statistics for the purposes and uses prescribed in Chapter 2, Title  
38, Idaho Code Annotated, when such report is accompanied by a certi-  
ficate of the attending physician or midwife, or by affidavit of the fa-  
ther or mother of the child, or if neither father or mother of the child is  
living or accessible, of the nearest of kin or guardian, or some person  
having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

412-212-25-53-6  
RECEIVED  
JUL 5 1949

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE49-1614  
Department of Commerce OF VITALS **CERTIFICATE OF BIRTH** Local Reg. No.  
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No.

1. <b>PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Middleton</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay <b>BEFORE</b> delivery: In THIS county <u>13</u> years <u>—</u> months <u>—</u> days	2. <b>USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Middleton</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>13</u> yrs.
4. <b>FULL NAME OF CHILD</b> <u>Mellie Masterson</u>	3. <b>RESIDENCE OF FATHER</b> (city, state) <u>Middleton Ida</u>
6 Sex <u>Female</u> 7. Twin or Triplet <u>—</u> If so—born 1st, 2nd, 3rd <u>—</u>	5. Date of Birth of Child (Month, day, year) <u>Apr - 12-1883</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>
10. <b>FATHER OF CHILD</b> 10. <b>FULL NAME</b> <u>Daniel M Masterson</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Joplin Mo.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Blacksmith</u> 15. Industry or Business <u>own shop.</u>	16. <b>MOTHER OF CHILD</b> 16. <b>FULL MAIDEN NAME</b> <u>Tennessee Newman</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Little Rock Ark.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business <u>—</u>
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>—</u> 23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>3</u>	
<b>ATTENDANT'S CERTIFICATE</b> 24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>—</u> at <u>—</u> M. on the date <u>—</u> and at the place stated above, and that personal particulars were furnished by <u>—</u> (First name) (Last name) who is related as <u>—</u> (Mother, etc.) 25. Attendant's <b>OWN</b> signature <u>—</u> M.D. Address <u>—</u> Date <u>—</u> Midwife <u>—</u>	
<b>AFFIDAVIT</b> State of <u>Idaho</u> County of <u>Ada</u> ss. (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the <u>Uncle</u> of the person whose name appears in Item 4, above, that I am now <u>78</u> years of age, that I have known this person for <u>66</u> years, and that <u>midwife</u> who attended this birth <u>deceased</u> I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws. <u>Arthur Newman</u> Signature P. O. Address <u>Boise</u> Subscribed and sworn to before me this <u>28th</u> day of <u>June</u> , 19 <u>49</u> . (SEAL) <u>William</u> Justice of the Peace (Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) Received for filing on <u>July 4, 1949</u> by <u>W. W. Benson</u> Registrar	

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 6 1944

JUL 7 1949

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1818

Local Reg. No. ....

Reg. Dist. No. ....

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)  
 (a) County. ONEIDA (b) City. MALAD  
 (c) Street Address or R.F.D. No. ELKHORN  
 (d) Name of Hospital or Maternity Home Ribbon in Home at Elkhorn  
 (e) Mothers stay **BEFORE** delivery:  
 In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
 (a) State. Idaho (b) County. Oneida  
 (c) City. Malad  
 (d) Street Address or R.F.D. No. Elkhorn  
 (e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** MAY-ANN-RICHARDS

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) July 6, 1883

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
 10. **FULL NAME** WILLIAM RICHARDS  
 11. Color or Race White 12. Age at time of THIS birth 25 yrs.  
 13. Birthplace. MALAD Idaho  
 (City or town) (State or foreign country)  
 14. Exact Occupation Farmer  
 15. Industry or Business

**MOTHER OF CHILD**  
 16. **FULL MAIDEN NAME** MARY NELSON  
 17. Color or Race White 18. Age at time of THIS birth 23 yrs.  
 19. Birthplace Ogden Utah  
 (City or town) (State or foreign country)  
 20. Exact Occupation Homemaker  
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by .....  
 (First name) (Last name)  
 who is related as .....  
 (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
 Midwife

State of California ss.  
 County of San Bernardino

### AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Sister (To be completed when the attendant does not sign in Item 25.)  
 (Mother, etc.) of the person whose name appears  
 in Item 4, above, that I am now 67 years of age, that I have known this person for 65 years, and that  
Mrs. Sda Mitchell (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located)  
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
 ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 31st day of August 1949

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.)  
Margaret Sisk Signature  
923 W. 1st St. Redlands, Calif. Address  
Notary Public, residing at Redlands, Calif.

Received for filing on Sept 7, 1949 by W. Benson Registrar  
 State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 7 1949

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

212-122-036-819  
RECEIVED  
OCT 8 1949  
DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. DE49-1944  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County. Oneida (b) City. Preston  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home: none  
(e) Mothers stay **BEFORE** delivery:  
--In **THIS** county 5 years -- months -- days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State. Idaho (b) County. Oneida  
(c) City. Preston  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same
4. **FULL NAME OF CHILD** Frederick Eugene Sabin
5. **Date of Birth of Child** (Month, day, year) Nov 22
6. **Sex** Male 7. **Twin or Triplet** — If so—born 1st, 2nd, 3rd — 8. **No. months of Pregnancy** 9 9. **Legitimate?** yes
- FATHER OF CHILD**
10. **FULL NAME** Eugene Morton Sabin
11. **Color or Race** White 12. **Age at time of THIS birth** 23 yrs.
13. **Birthplace** Grantsville Utah  
(City or town) (State or foreign country)
14. **Exact Occupation** Carpenter
15. **Industry or Business** .....
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lilly Harding
17. **Color or Race** White 18. **Age at time of THIS birth** 20 yrs.
19. **Birthplace** Portsmouth England  
(City or town) (State or foreign country)
20. **Exact Occupation** Housewife
21. **Industry or Business** None
22. **Name prophylactic used to prevent Ophthalmia Neonatorum** Do not know
23. **Number of children of this mother:** (a) **At time of birth and including this child** 2 (b) **Born alive and now living** 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Lilly Sabin at 4 Am M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Mother Lilly Sabin Mother who is related as Mother (Mother, etc.) (First name) (Last name)

25. **Attendant's OWN signature** Deceased **M.D. Address** Mrs Green, Preston Idaho, Nov. 22, 1883. **Date**

State of California  
County of Alameda } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Lilly Sabin (Mother) of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 84 years of age, that I have known this person for 67 Years years, and that I am his Mother who attended this birth. I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 6th day of October, 1949.

(SEAL)

Catherine F. Allen Alameda County Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires May 31, 1950.

Received for filing on Oct 11, 1949 by Catherine F. Allen Registrar

W W Benson

Notary Public in and for County of Alameda, Calif.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-101-029-412

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

211949

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1970

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County. <u>Latah</u>	(b) City. <u>Juliaetta</u>	(a) State. <u>Idaho</u>	(b) County. <u>Latah</u>
(c) Street Address or R.F.D. No. <u>1</u>		(c) City. <u>Juliaetta</u>	
(d) Name of Hospital or Maternity Home: <u>At Home</u>		(d) Street Address or R.F.D. No. <u>1</u>	
(e) Mothers stay BEFORE delivery: In THIS county <u>15</u> years months days		(e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Juliaetta, Id</u>		5. Date of Birth of Child (Month, day, year) <u>Mar. 1, 1883</u>	
4. FULL NAME OF CHILD <u>Ernest Edward Taylor</u>		6. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd		9. Legitimate? <u>yes</u>	
6 Sex <u>Male</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Wesley Taylor</u>		16. FULL MAIDEN NAME <u>Schollata Mason</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>30</u> yrs.		18. Age at time of THIS birth <u>29</u> yrs.	
13. Birthplace <u>State of Iowa</u>		19. Birthplace <u>Pickaway County, Ohio</u>	
(City or town) (State or foreign country)		(City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>- - -</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>6</u>			

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Nez Perce }

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 66 years, and that Dr. Gritman who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

Signature Alfred R Taylor  
513 Delsol Lane, Lewiston, Ida. P. O. Address \_\_\_\_\_

Subscribed and sworn to before me this 19th day of October, 1949  
(SEAL) Elmer M. Price, Notary Public, residing at Lewiston, Ida.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 21, 1949 by W W Benson, Registrar

DEC 11 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. De51-759  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Frank R Day</b>				2. Date (month) (day) (year) Of Birth <b>Sept. 16 1883</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Grangeville</b>	a. County <b>Idaho</b>	b. City or Town of Birth <b>Grangeville</b>	
FATHER	6. Full Name of Father <b>Cassius M. Day</b>				7. State or Country of Father's Birth <b>Indiana</b>	
MOTHER	8. Full Maiden Name of Mother <b>Mary Ellen Markham</b>				9. State or Country of Mother's Birth <b>California</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Frank R Day</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>March 10 1951</b>				11. Present Address of Registrant <b>Cashmere, Washington</b>	
	12. Signature of Notary <i>J. Leon Laigne</i>				13. Notary Commission expires <b>July 24 1951</b>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>Insurance Policy</b>		By whom issued and signed <b>Modern Woodmen of America</b>	Date issued	Date Orig. Entry <b>3-21-1911</b>
	Date of Birth <b>Sept. 16, 1883,</b>	Birth Place <b>Grangeville, Idaho</b>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2-	Type of Document <b>Hospital record</b>		By whom issued and signed <b>St. Anthony Hospital, Wenatchee, Wn.</b>	Date issued	Date Orig. Entry <b>Aug. 1939</b>
	Date of Birth <b>55 yrs old</b>	Birth Place <b>Idaho</b>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-	Type of Document <b>Voting Registration</b>		By whom issued and signed <b>Cashmere Washington</b>	Date issued <b>3-16-1951</b>	Date Orig. Entry <b>11-11-1915</b>
	Date of Birth <b>32 yrs. old,</b>	Birth Place <b>Idaho</b>	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION	Also, school record, Grangeville Public Schools gives the date of his birth <b>Sept. 16, 1883, in Grangeville, Idaho</b>
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REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>Mabel H. Eeden</i>	Date Filed <b>Apr. 23, 1951</b>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DEFERRED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

APR 24 1951

U.S. DEPARTMENT OF HEALTH

AND HUMAN SERVICES

ADMINISTRATIVE SERVICES

RECORDS SECTION

CHICAGO, ILLINOIS

1000 N. DEARBORN AVE.

CHICAGO 10, ILL.

TELEPHONE 362-1000

TELETYPE 362-1000

FACSIMILE 362-1000

MAIL ROOM 362-1000

STENOGRAPHIC 362-1000

CLERICAL 362-1000

LABORATORY 362-1000

PHARMACY 362-1000

DIET KITCHEN 362-1000

RECORDS SECTION 362-1000

CHICAGO 10, ILL.

1000 N. DEARBORN AVE.

CHICAGO 10, ILL.

TELEPHONE 362-1000

TELETYPE 362-1000

FACSIMILE 362-1000

MAIL ROOM 362-1000

STENOGRAPHIC 362-1000

LABORATORY 362-1000

PHARMACY 362-1000

DIET KITCHEN 362-1000

RECORDS SECTION 362-1000

CHICAGO 10, ILL.

1000 N. DEARBORN AVE.

CHICAGO 10, ILL.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

698-2 22-029 386

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. De51-1094  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 4 years \_\_\_\_\_ months \_\_\_\_\_ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Moscow  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

4. **FULL NAME OF CHILD** Louise Gertrude Mary Cecilia Frye  
6. Sex female 7. Twin or Triplet if so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Moscow  
5. Date of Birth of Child (Month, day, year) March 22, 1883  
8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Thomas K. Frye  
11. Color or Race white 12. Age at time of THIS birth 23 yrs.  
13. Birthplace Minonk Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Jennie Elizabeth Thompson  
17. Color or Race white 18. Age at time of THIS birth 19 yrs.  
19. Birthplace Healdsburg California  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Idaho } ss. **AFFIDAVIT**  
County of Blair }

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for \_\_\_\_\_ years, and that \_\_\_\_\_, who attended this birth \_\_\_\_\_ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4th day of December, 1950.  
(SEAL) W. H. Johnson, Notary Public, residing at Boise  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 27, 1951 by W. H. Johnson, Registrar

JUL 30 1937

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413.115-1007-667  
United States  
Department of Commerce  
Bureau of the Census  
RECEIVED  
JAN 12 1952  
Be sure the information is as of date of birth of THIS child.)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO  
State File No. De51-2353  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items of time of this birth)  
(a) County Blaine  
(c) Street Address or R.F.D. No. on Wood River  
(d) Name of Hospital or Maternity Home: at home  
(e) Mothers stay BEFORE delivery:  
In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County  
(c) City Blaine on Wood River  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wallace Alvin Dalton 5. Date of Birth of Child Sept 15 1883  
(Month, day, year)

6 Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alvin Dalton  
11. Color White 12. Age at time of THIS birth 36 yrs.  
13. Birthplace Columbia County, Wisconsin  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer and Trapper  
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Isabella Jogg  
17. Color White 18. Age at time of THIS birth 27 yrs.  
19. Birthplace Pice Co. Ill.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Idaho } ss.  
County of Kootenai }

**AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ cousin \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 40 years, and that \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name), who attended this birth \_\_\_\_\_ (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 135, 1937 Session Laws.

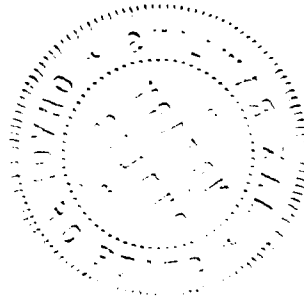
Subscribed and sworn to before me this 16th day of January, 1946.  
(SEAL) \_\_\_\_\_ Notary Public, residing at Coeur d'Alene, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on Jan. 12, 1952 by W. W. Benson, Registrar

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws, has not been recorded,~~ or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED



JAN 15 1952

DELAYED



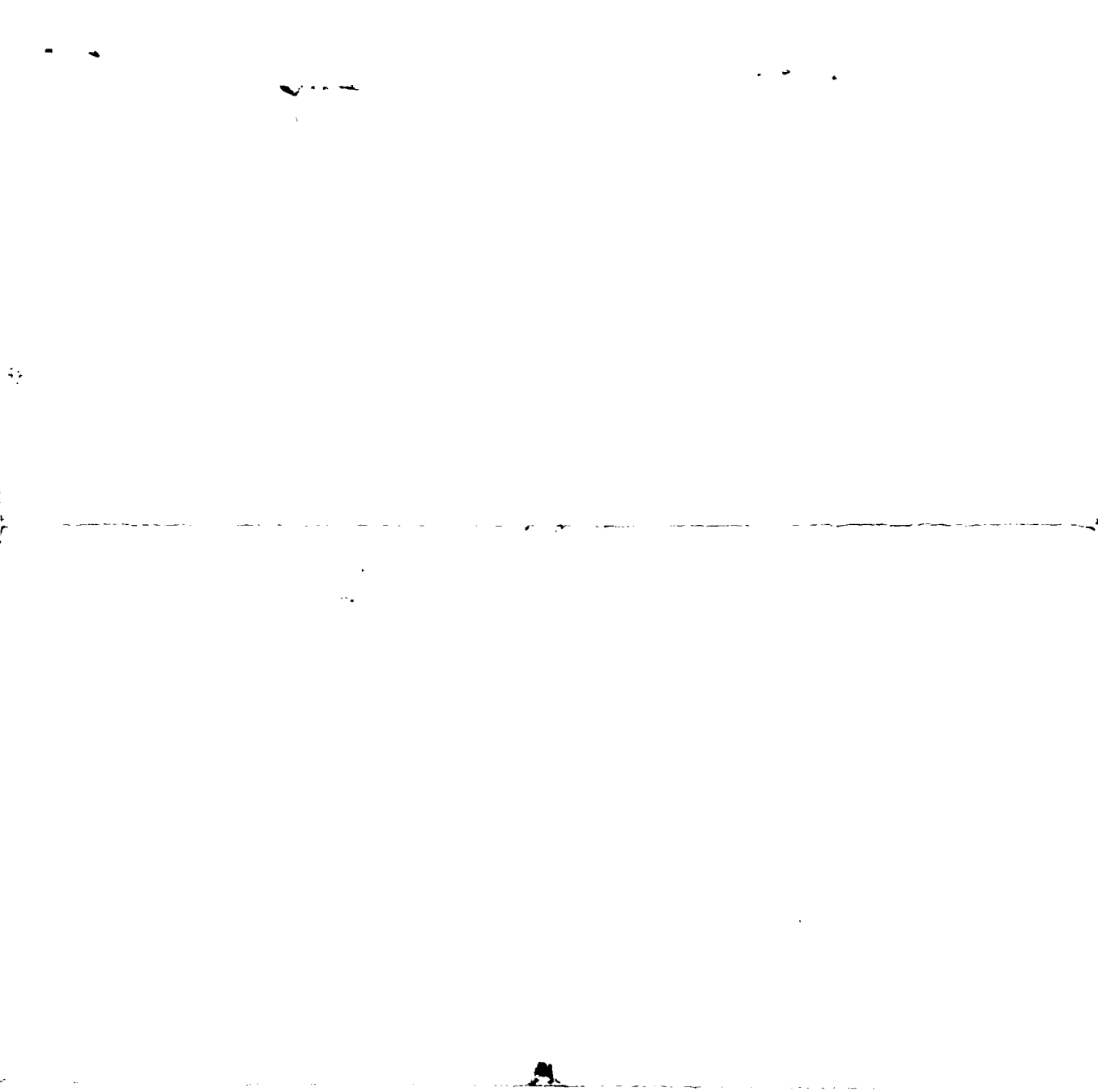
Camp, Spokane  
WPA Project  
8-6-40

To whom it may concern:

I am Frank P. Dalton a Brother of Wallace Alvin Dalton.  
I was there when he was born in Bellivue on Wood River,  
Idaho. On September 15th, 1937.

Witnesses to Signature  
Kirk

Frank P. Dalton



# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52-2406  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Mortimer Seth Martin</u>				2. Date (month) (day) (year) Of Birth <u>January 2 1883</u>			
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth a. County <u>Grangeville, Idaho</u>		b. City or Town of Birth <u>Grangeville</u>			
FATHER	6. Full Name of Father <u>Mortimer Styles Martin</u>				7. State or Country of Father's Birth <u>New York</u>			
MOTHER	8. Full Maiden Name of Mother <u>Jennie Lucinda Jones</u>				9. State or Country of Mother's Birth <u>California</u>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Mortimer Seth Martin</i>		11. Present Address of Registrant <u>Box 209 7th St An</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>January 28, 1952</u>				12. Signature of Notary <i>Paul G. Eimers</i>		13. Notary Commission expires <u>February 25 1954</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Family Bible viewed by Paul G. Eimers, Notary Public</u>		Date Issued <u>1-28-52</u>	Date Orig. Entry <u>Jan. 2, 1883</u>
	Date of Birth <u>Jan. 2, 1883</u>	Birth Place <u>Grangeville, Idaho</u>	Full Name of Mother		Name of Father	
Class* <u>A</u>						
SUPPORTING RECORD 2.	Type of Document <u>Child's birth certificate</u>		By whom issued and signed <u>Filed with the Bureau of Vital Statistics, Boise</u>		Date Issued <u>5-14-1919</u>	Date Orig. Entry <u>5-14-1919</u>
	Date of Birth <u>36 yrs old</u>	Birth Place <u>Grangeville, Idaho</u>	Full Name of Mother		Name of Father	
Class <u>B</u>						
SUPPORTING RECORD 3.	Type of Document <u>Voter's Registration</u>		By whom issued and signed <u>Carl T. Reuter, County Clerk Idaho County</u>		Date issued <u>1-3-52</u>	Date Orig. Entry <u>Oct. 21, 1926</u>
	Date of Birth <u>43 yrs old</u>	Birth Place	Full Name of Mother		Name of Father	
Class <u>B</u>						

QUALIFYING  
INFORMATION

REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W. W. Benson</u>	Evidence reviewed by <i>Mabel H. Edgar</i>	Date Filed <u>Jan. 31, 1952</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993 230-025-643

RECENT

FEB 5 1952

United States  
Department of Commerce  
Bureau of the Census

DIVISION OF VITAL  
STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De52-2411  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County IDAHO (b) City GRANGEVILLE  
(c) Street Address or R.F.D. No. NONE  
(d) Name of Hospital or Maternity Home: BORN AT HOME  
(e) Mothers stay BEFORE delivery:  
In THIS county 18 years months days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State IDAHO (b) County IDAHO  
(c) City GRANGEVILLE  
(d) Street Address or R.F.D. No. NONE  
(e) How long has MOTHER lived in Idaho? 18 yrs.
3. RESIDENCE OF FATHER (city, state)
4. FULL NAME OF CHILD KATHERINE RICE
5. Date of Birth of Child (Month, day, year) July 30, 1883
- 6 Sex \_\_\_\_\_ 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? \_\_\_\_\_
- FATHER OF CHILD
10. FULL NAME JOHN NELSON RICE
11. Color or Race WHITE 12. Age at time of THIS birth 38 yrs.
13. Birthplace OREGON  
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business "
- MOTHER OF CHILD
16. FULL MAIDEN NAME SARAH ELFREDA ODLE
17. Color or Race WHITE 18. Age at time of THIS birth 26 yrs.
19. Birthplace OREGON  
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business \_\_\_\_\_
22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of WASH } ss. (To be completed when the attendant does not sign in Item 25.)  
County of ASSELIN }

I, the undersigned, being first duly sworn, say that I am the COUSIN of the person whose name appears (Mother, etc.)  
in Item 4, above, that I am now 76 years of age, that I have known this person for 50 years, and that DR. B. F. MORRIS who attended this birth IS NOW DECEASED I further (First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30th day of JANUARY, 1952  
(SEAL) W. W. Benson Notary Public, residing at 122 K. S. B. N.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 5, 1952 by W. W. Benson, Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 5 1952

APR 21 1952

DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. De52-2687  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name-at Birth <b>LLOYD CARL GRIFFIN</b>				2. Date (month) (day) (year) Of Birth <b>MAY 17<sup>th</sup> 1883</b>		
	3. Color or Race <b>White</b>	4. Sex <b>MALE</b>	5. Place of Birth <b>MOSCOW</b>		a. County <b>LATAH</b>		
FATHER	6. Full Name of Father <b>WILLIAM THOMAS GRIFFIN</b>				7. State or Country of Father's Birth <b>MISSOURI</b>		
MOTHER	8. Full Maiden Name of Mother <b>JULIA BROWN</b>				9. State or Country of Mother's Birth <b>OREGON</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>L. C. Griffin</i>		11. Present Address of Registrant <b>RENO, Nevada</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>MARCH 31 19 51</b>				12. Signature of Notary <i>Helen Cormier</i>		13. Notary Commission expires <b>FEB. 14 19 54</b>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Bible Record</b>		By whom issued and signed <b>Family Bible</b>	Date issued	Date Orig. Entry <b>May 17, 1883</b>
	Date of Birth <b>May 17, 1883</b>	Birth Place <b>Moscow, Idaho</b>	Full Name of Mother	Name of Father	
Class* <b>A</b>					
SUPPORTING RECORD 2.	Type of Document <b>Insurance Policy</b>		By whom issued and signed <b>Bankers Life Insurance Co.</b>	Date issued	Date Orig. Entry <b>Dec. 2, 1941</b>
	Date of Birth <b>May 17, 1883</b>	Birth Place <b>Idaho</b>	Full Name of Mother	Name of Father	
Class <b>B</b>					
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class					

QUALIFYING  
INFORMATION

REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>Malcolm F. Fredson</i>	Date Filed <b>Apr. 22, 1952</b>
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\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

# DELATED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 22 1932

State File No. 100-2000  
Local Reg. No.  
Reg. Dist. No.

1. Registered Full Name at Birth <b>LEONARD CARL CRIVELY</b>	2. Date of Birth <b>May 11 1903</b>	3. Place of Birth <b>Missoula, Montana</b>	4. Color of Hair <b>Blue</b>	5. Color of Eyes <b>Blue</b>	6. Sex <b>Male</b>
7. Full Name of Father <b>WILLIAM THOMAS CRIVELY</b>	8. Full Name of Mother <b>LOUISE CRIVELY</b>	9. State or County of Father's Birth <b>Missouri</b>	10. State or County of Mother's Birth <b>Oregon</b>	11. Present Address of Registrant <b>Keno, Nevada</b>	12. Signature of Registrant <i>[Signature]</i>
13. Notary Commission Expires <b>Dec 15 1932</b>					



1. Type of Document <b>Birth Record</b>	2. Date of Birth <b>May 11 1903</b>	3. Full Name of Mother <b>Louise Crively</b>	4. Name of Father <b>William Thomas Crively</b>	5. Date Issued <b>Dec 15 1932</b>	6. By whom issued and signed <i>[Signature]</i>
7. Type of Document <b>Birth Record</b>	8. Date of Birth <b>May 11 1903</b>	9. Full Name of Mother <b>Louise Crively</b>	10. Name of Father <b>William Thomas Crively</b>	11. Date Issued <b>Dec 15 1932</b>	12. By whom issued and signed <i>[Signature]</i>



1. State Registrar <b>W. W. Farnsworth</b>	2. Evidence Reviewed by <i>[Signature]</i>	3. Date Filed <b>Apr. 22 1932</b>
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Class 1 Records are those made and dated before the registration laws went into effect. Class 2 Records are those made after the birth of the child but are at least 1 year old.



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De52-2945  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Archibald Arthur McBride</u>				2. Date (month) (day) (year) Of Birth <u>April 29 1883</u>	
	3. Color or Race <u>white</u>	4. Sex <u>male</u>	5. Place of Birth <u>Garden Valley</u>	a. County <u>Boise</u>	b. City or Town of Birth <u>Garden Valley, Idaho</u>	
FATHER	6. Full Name of Father <u>Donald McBride</u>				7. State or Country of Father's Birth <u>Scotland</u>	
MOTHER	8. Full Maiden Name of Mother <u>Margaret McDonald McBride</u>				9. State or Country of Mother's Birth <u>Scotland</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Arch McBride</u>		11. Present Address of Registrant <u>R# Nampa, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>June 24 1952</u>			12. Signature of Notary <u>C. Mabel F. Hedger</u>		13. Notary Commission expires <u>May 7 1952</u>

APPLICANT - DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Family Bible</u>		Date Issued	Date Orig. Entry <u>Apr. 29, 1883</u>
	Date of Birth <u>Apr. 29, 1883</u>	Birth Place <u>Garden Valley, Idaho</u>	Full Name of Mother <u>Idaho</u>		Name of Father	
Class <u>A</u>						
SUPPORTING RECORD 2.	Type of Document <u>Affidavit by sister</u>		By whom issued and signed <u>Elsie Ann McBride-DeChambeau</u>		Date issued <u>May 19, 1952</u>	Date Orig. Entry
	Date of Birth <u>Apr. 29, 1883</u>	Birth Place <u>Garden Valley, Idaho</u>	Full Name of Mother <u>Margaret and</u>		Name of Father <u>Donald McBride</u>	
Class <u>B</u>						
SUPPORTING RECORD 3.	Type of Document <u>Marriage License</u>		By whom issued and signed <u>On file in office of County Recorder, Ada County, Boise, Idaho</u>		Date issued <u>Idaho</u>	Date Orig. Entry <u>Jan. 9, 1923</u>
	Date of Birth <u>39 yrs old</u>	Birth Place <u>Garden Valley, Idaho</u>	Full Name of Mother		Name of Father	
Class <u>B</u>						

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mabel F. Hedger</u>	Date Filed <u>June 24, 1952</u>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

Division of  
Official Statistics

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Figure 1. The effect of the concentration of the solution on the adsorption of the dye. The concentration of the solution was 0.01, 0.02, 0.04, 0.06, 0.08, 0.1, 0.2, 0.4, 0.6, 0.8, 1.0, 2.0, 4.0, 6.0, 8.0, 10.0, 20.0, 40.0, 60.0, 80.0, 100.0 mg/L. The adsorption capacity was 0.01, 0.02, 0.04, 0.06, 0.08, 0.1, 0.2, 0.4, 0.6, 0.8, 1.0, 2.0, 4.0, 6.0, 8.0, 10.0, 20.0, 40.0, 60.0, 80.0, 100.0 mg/g. The adsorption capacity was 0.01, 0.02, 0.04, 0.06, 0.08, 0.1, 0.2, 0.4, 0.6, 0.8, 1.0, 2.0, 4.0, 6.0, 8.0, 10.0, 20.0, 40.0, 60.0, 80.0, 100.0 mg/g.

*Journal of Management Education* 30(6)p.789-804  
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10-10-1964

10:15 on 10-11-68 (10-11-68) and 10-11-68

6-10-68  
The above information has been reviewed and approved by the [redacted] and [redacted] on [redacted] at [redacted].

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Eva Rees</i>				2. Date (month) (day) (year) Of Birth <i>Sept. 18 1883</i>	
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Lemhi Agency, Lemhi</i>	a. County <i>Lemhi</i>		
FATHER	6. Full Name of Father <i>Robert Sullivan Rees</i>				7. State or Country of Father's Birth <i>Illinois</i>	
MOTHER	8. Full Maiden Name of Mother <i>Naomi Elizabeth Walker</i>				9. State or Country of Mother's Birth <i>Illinois</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Eva R. McPherson</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>May 5, 1953</i>				11. Present Address of Registrant <i>4105 H Muirfield Rd Los Angeles 8-Cal</i>	
					12. Signature of Notary <i>Sueleen Starker</i>	
					13. Notary Commission expires My Commission Expires April 14, 1954 19____	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <i>Census Record</i>		By whom issued and signed Department of Commerce Bureau of the Census		Date issued <i>Census of 1900</i>
	Date of Birth <i>16 yrs old</i>	Birth Place <i>Idaho</i>	Full Name of Mother <i>Neoma E. Rees</i>		Name of Father <i>Robert G. Rees</i>
Class* <i>B</i>					
SUPPORTING RECORD 2.	Type of Document <i>Affidavit by older sister</i>		By whom issued and signed <i>Elvira R. Derry</i>		Date issued <i>June 16, 1953</i>
	Date of Birth <i>Sept. 18, 1883</i>	Birth Place <i>Lemhi County</i>	Full Name of Mother <i>Naomi E. Walker</i>		Name of Father <i>Robert G. Rees</i>
Class <i>B</i>					
SUPPORTING RECORD 3.	Type of Document <i>Affidavit by close friend/</i>		By whom issued and signed <i>Fred B. Pattes</i>		Date issued <i>June 25, 1953</i>
	Date of Birth <i>Sept. 18, 1883</i>	Birth Place <i>Lemhi Agency</i>	Full Name of Mother <i>Naomi E. Walker</i>		Name of Father <i>Robert G. Rees</i>
Class <i>B</i>					

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Edna Hamilton</i>	Date Filed <i>July 6, 1953</i>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# OFFICIAL STATE OF BIRTH

STATE OF CALIFORNIA

Division of Health Services  
Office of Vital Statistics

1. Date of Birth		2. Place of Birth		3. Color of Skin		4. Sex		5. Name of Mother		6. Name of Father	
7. State or Country of Birth		8. State or Country of Mother's Birth		9. State or Country of Father's Birth		10. Signature of Registrar		11. Signature of Mother		12. Signature of Father	
13. Present Address of Registrant		14. Present Address of Mother		15. Present Address of Father		16. Date of Issuance		17. Date of Expiration		18. Date of Revision	



19. Name of Mother		20. Name of Father		21. Date of Issuance		22. Date of Expiration		23. Date of Revision		24. Date of Death	
25. Name of Mother		26. Name of Father		27. Date of Issuance		28. Date of Expiration		29. Date of Revision		30. Date of Death	
31. Name of Mother		32. Name of Father		33. Date of Issuance		34. Date of Expiration		35. Date of Revision		36. Date of Death	
37. Name of Mother		38. Name of Father		39. Date of Issuance		40. Date of Expiration		41. Date of Revision		42. Date of Death	
43. Name of Mother		44. Name of Father		45. Date of Issuance		46. Date of Expiration		47. Date of Revision		48. Date of Death	



Division of Health Services  
Office of Vital Statistics  
Date of Issuance: July 6, 1968  
Date of Expiration: July 6, 1973  
Date of Revision: July 6, 1978  
Date of Death: July 6, 1983

DELAYED CERTIFICATION OF BIRTH  
STATE OF IDAHO

State File No. De53-870  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Norma Sallie Vollmer</u>					2. Date (month) (day) (year) Of Birth <u>May 13 - 1883</u>	
	3. Color or Race <u>White</u>	4. Sex <u>F.</u>	5. Place of Birth <u>Lewiston - Nez Perce</u>		6. City or Town of Birth <u>Lewiston</u>		
FATHER	6. Full Name of Father <u>John Phillip Vollmer</u>					7. State or Country of Father's Birth <u>Germany</u>	
MOTHER	8. Full Maiden Name of Mother <u>Sarah Elizabeth Barbour</u>					9. State or Country of Mother's Birth <u>Kentucky</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>N.S. Hopkins</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>February 20 1953</u>					11. Present Address of Registrant <u>E. 1303 Oak Hill Rd Spokane</u>	
	12. Signature of Notary <u>Edna L. Dahlberg</u>					13. Notary Commission expires <u>July 12 - 1956</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Affidavit by Aunt</u>		By whom issued and signed <u>Caroline Vollmer Truscott</u>		Date issued <u>Aug. 14, 1953</u>	Date Orig. Entry
	Date of Birth <u>May 13, 1883</u>	Birth Place <u>Lewiston, Idaho</u>	Full Name of Mother <u>Sarah Elizabeth Barbour</u>		Name of Father <u>John Phillip Vollmer</u>	
SUPPORTING RECORD 2.	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>Diocese of Spokane, Wash.</u>		Date issued <u>Apr. 5,</u>	Date Orig. Entry <u>1885</u>
	Date of Birth <u>May 14, 1883</u>	Birth Place <u>Lewiston, Idaho</u>	Full Name of Mother <u>Sarah E. Vollmer</u>		Name of Father <u>J. P. Vollmer</u>	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION						
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REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. W. Benson</u>			Evidence reviewed by <u>Mary F. Dean</u>		Date Filed <u>Sept. 14, 1953</u>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

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DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De53-871  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Norman Phillip Vollmer</i>				2. Date (month) (day) (year) <i>May 14 1883</i>	
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>Lewiston, Nez Perce</i>	a. County <i>Lewiston</i>	b. City or Town of Birth <i>Lewiston</i>	
FATHER	6. Full Name of Father <i>John Phillip Vollmer</i>				7. State or Country of Father's Birth <i>Germany</i>	
MOTHER	8. Full Maiden Name of Mother <i>Sarah Elizabeth Barbour</i>				9. State or Country of Mother's Birth <i>Kentucky</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Norman P. Vollmer</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>February 20 - 1953</i>				11. Present Address of Registrant <i>1303 Clarkbluff Rd</i>	
	12. Signature of Notary <i>Edna L. Dahlberg</i>				13. Notary Commission expires <i>July 12 - 1956</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <i>Affidavit by Aunt</i>		By whom issued and signed <i>Caroline Vollmer Truscott</i>		Date issued <i>Aug. 14, 1953</i>	Date Orig. Entry
	Date of Birth <i>May 14, 1883</i>	Birth Place <i>Lewiston, Idaho</i>	Full Name of Mother <i>Sarah Elizabeth Barbour</i>		Name of Father <i>John Phillip Vollmer</i>	
SUPPORTING RECORD 2-	Type of Document <i>Certificate of Baptism</i>		By whom issued and signed <i>Diocese of Spokane, Wash.</i>		Date issued	Date Orig. Entry <i>Apr. 5, 1885</i>
	Date of Birth <i>May 13, 1883</i>	Birth Place <i>Lewiston, Idaho</i>	Full Name of Mother <i>Sarah E. Vollmer</i>		Name of Father <i>J. P. Vollmer</i>	
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <i>Makey</i>		Date Filed <i>Sept. 14, 1953</i>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

10-7-62



DELAYED CERTIFICATION OF BIRTH  
STATE OF IDAHO

State File No. De53-905  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Inez Minert</b>			2. Date (month) (day) (year) Of Birth <b>October 16 1883</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth a. County <b>Lemhi County</b>	b. City or Town of Birth <b>Salmon, Idaho</b>	
FATHER	6. Full Name of Father <b>Eli Minert</b>			7. State or Country of Father's Birth <b>Albany County, Wisconsin</b>	
MOTHER	8. Full Maiden Name of Mother <b>Ida Andrews</b>			9. State or Country of Mother's Birth <b>Tioga County, New York</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Inez M. Minert</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>September 24 19 53</b>			11. Present Address of Registrant <b>2120 Woodlawn—Boise, Idaho</b>	
				12. Signature of Notary <i>Mark H. Heden</i>	
				13. Notary Commission expires <b>May 7 19 57</b>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <b>Family Bible Record</b>		By whom issued and signed <b>Eli Minert— Father</b>		Date issued <b>1883</b>
	Date of Birth <b>Oct 16-1883</b>	Birth Place <b>Salmon, Idaho</b>	Full Name of Mother <b>Ida Andrews</b>		Date Orig. Entry <b>1883</b>
Class* <b>A.</b>					Name of Father <b>Eli Minert</b>
SUPPORTING RECORD 2.	Type of Document <b>Voting Record</b>		By whom issued and signed <b>Court—Lemhi County W. W. Simmonds—Clerk of Dist.</b>		Date issued <b>11/10/52</b>
	Date of Birth <b>28 yrs old</b>	Birth Place <b>Idaho</b>	Full Name of Mother		Date Orig. Entry <b>7/26/12</b>
Class <b>B.</b>					Name of Father
SUPPORTING RECORD 3.	Type of Document <b>Voting Record</b>		By whom issued and signed <b>W. W. Simmonds—Clerk of Dist. Court—Lemhi County</b>		Date issued <b>8/10/26</b>
	Date of Birth <b>42 yrsold</b>	Birth Place <b>Idaho</b>	Full Name of Mother		Date Orig. Entry <b>8/10/26</b>
Class <b>B.</b>					Name of Father
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <b>Eva Turnipseed</b>		Date Filed <b>Sept. 24, 1953</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



499-215-100-513  
**DELAYED CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **De53 1027**

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Winnie Maude Wright</b>				2. Date (month) (day) (year) Of Birth <b>November 15 1883</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Boise</b>	a. County <b>Ada</b>	b. City or Town of Birth <b>Boise</b>		
<b>FATHER</b>	6. Full Name of Father <b>George Ellis Wright</b>				7. State or Country of Father's Birth <b>State of Ohio</b>		
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Martha George Ann Nation</b>				9. State or Country of Mother's Birth <b>State of Kansas</b>		
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Winnie Maude Wright - Followell</i>		11. Present Address of Registrant <b>Goff, Kansas</b>
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>Oct. 23 1953</i>				12. Signature of Notary <i>Frank Hammon</i>		13. Notary Commission expires <i>Dec. 5 1956</i>

**APPLICANT DO NOT WRITE BELOW THIS LINE**

<b>SUPPORTING RECORD 1.</b>	Type of Document <b>School Census Record</b>		By whom issued and signed <b>Nemaha County, Kansas, Mrs. Ethel B. Adams, Supt.</b>		Date issued <b>10/22/53</b>	Date Orig. Entry <b>Sept. 5, 1892</b>
	Date of Birth <b>9 yrs old</b>	Birth Place	Full Name of Mother		Name of Father	
<b>Class* B</b>						
<b>SUPPORTING RECORD 2.</b>	Type of Document <b>Kansas State Census of Nemaha Co. James Snyder, Census Div.</b>		By whom issued and signed <b>Co. James Snyder, Census Div.</b>		Date issued <b>10/15/53</b>	Date Orig. Entry <b>Census of Mar. 1, 1906</b>
	Date of Birth <b>21 yrs old</b>	Birth Place <b>Idaho</b>	Full Name of Mother		Name of Father	
<b>Class B</b>						
<b>SUPPORTING RECORD 3.</b>	Type of Document <b>Affidavit by older Sister</b>		By whom issued and signed <b>Mrs. Bertha McKellips</b>		Date issued <b>October 10, 1953</b>	Date Orig. Entry
	Date of Birth <b>Nov. 15, 1883</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother <b>Martha George Ann Nation</b>		Name of Father <b>George Ellis Wright</b>	
<b>Class B</b>						

<b>QUALIFYING INFORMATION</b>			
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>Edna Hamilton</b>	Date Filed <b>Nov. 10, 1953</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De54-9  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Ethel Tonkin</b>				2. Date (month) (day) (year) Of Birth <b>Sept. 12, 1883</b>	
	3. Color or Race <b>White</b>	4. Sex <b>female</b>	5. Place of Birth <b>Idaho</b>	a. County <b>Ada</b>	b. City or Town of Birth <b>Boise</b>	
FATHER	6. Full Name of Father <b>John Tonkin</b>				7. State or Country of Father's Birth <b>England</b>	
MOTHER	8. Full Maiden Name of Mother <b>Sarah Lennet Thomas</b>				9. State or Country of Mother's Birth <b>England</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Ethel Tonkin Hall</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>August 26, 1953</b> 19____				11. Present Address of Registrant <b>Boise, Idaho 1602 Jefferson</b>	
	12. Signature of Notary <i>Mary F. Elder</i>				13. Notary Commission expires <b>May 7, 1957</b> 19____	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-  Class <u>B</u>	Type of Document <b>Census Record</b>		By whom issued and signed <b>Roy V. Peel Bureau of the Census</b>	Date issued <b>12/5/52</b>	Date Orig. Entry <b>June 1, 1900</b>
	Date of Birth <b>Sept. 12, 1883</b>	Birth Place <b>(16 years of age on June 1, 1900)</b>	Full Name of Mother <b>on June 1, 1900)</b>	Name of Father	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <b>Affidavit - brother</b>		By whom issued and signed <b>George E. Tonkin</b>	Date issued <b>8/28/53</b>	Date Orig. Entry
	Date of Birth <b>Sept. 12, 1883</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother <b>Sarah Tonkin</b>	Name of Father <b>John Tonkin</b>	
SUPPORTING RECORD 3-  Class <u>B</u>	Type of Document <b>Affidavit - friend</b>		By whom issued and signed <b>Mary C. Wickersham</b>	Date issued <b>9/9/53</b>	Date Orig. Entry
	Date of Birth <b>Sept. 12, 1883</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <b>Opal Peterson</b>	Date Filed <b>Jan. 6, 1954</b>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

10-10-68

*[Illegible mirrored bleed-through from reverse side]*

*[Faint, illegible handwritten notes and stamps are visible at the bottom of the page.]*

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I hereby certify that no other files were found in the Division of Vital Statistics for this

DATE: 10/10/1964  
PAGE: 10

11-11-68

[illegible]

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO  
RECEIVED

State File No. **De55-446**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Katherine Jane Edwards</b>		2. Date of Birth (month) (day) (year) <b>March 2 1883</b>	
	3. Color or Race <b>White</b>	4. Sex <b>female</b>	5. Place of Birth a. County <b>Lemhi</b>	b. City or Town of Birth <b>Salmon</b>
FATHER	6. Full Name of Father <b>Edgar S. Edwards</b>		7. State or Country of Father's Birth <b>New York</b>	
MOTHER	8. Full Maiden Name of Mother <b>Susan Cox</b>		9. State or Country of Mother's Birth <b>Missouri</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Katherine J. Edwards</i> <i>Richard E. Spellman</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>March 9th 19 55</b>		11. Present Address of Registrant <b>Salmon, Idaho</b>	
	12. Signature of Notary <i>[Signature]</i>		13. Notary Commission expires <b>February 27 19 56</b>	

APPLICANT - DO NOT WRITE BELOW THIS LINE				
SUPPORTING RECORD 1.	Type of Document <b>School Census</b>		By whom issued and signed <b>County Board of Education</b>	
	Date of Birth <b>Mch 2, 1883</b>	Birth Place <b>Lemhi County, Idaho</b>	Date issued <b>Census of 1898</b>	
SUPPORTING RECORD 2.	Type of Document <b>Affidavit by sister</b>		By whom issued and signed <b>Ettie Suydam</b>	
	Date of Birth <b>Mch 2, 1888</b>	Birth Place <b>Salmon, Idaho</b>	Date issued <b>Feb. 14, 1955</b>	
SUPPORTING RECORD 3.	Type of Document <b>Certificate of Baptism</b>		By whom issued and signed <b>Milton Havemann, Treas.</b>	
	Date of Birth <b>Mach 2, 1883</b>	Birth Place <b>Salmon, Idaho</b>	Date issued <b>Baptized May 20, 1907</b>	
QUALIFYING INFORMATION	Full Name of Mother <b>Susan Cox</b>		Name of Father <b>Edgar S. Edwards</b>	
	Full Name of Mother <b>Susan Edwards</b>		Name of Father <b>Samuel Edwards</b>	
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <i>[Signature]</i>	
		Date Filed <b>May 6, 1955</b>		

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

**MAY 9 1955**



REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name <i>Thomas Henry Brew</i>				2. Date of Birth (month) (day) (year) <i>Dec 21 1883</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>Home (Hailey)</i>		a. County <i>Blaine</i>		
FATHER	6. Full Name of Father <i>Thomas Henry Brew</i>				b. City or Town of Birth <i>Hailey Idaho</i>		
MOTHER	7. State or Country of Father's Birth <i>Isle of Man</i>				8. Full Maiden Name of Mother <i>Sarah Jessie Carpenter</i>		
AFFIDAVIT	9. State or Country of Mother's Birth <i>New York - State</i>				10. Signature of Registrant <i>Thomas Henry Brew</i>		
	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				11. Present Address of Registrant <i>300 Stewart Ave Puyallup W.</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 10th 1955</i>				12. Signature of Notary <i>Rex B. Dunlap</i>		
					13. Notary Commission expires <i>April 6th 1956</i>		

SUPPORTING RECORD 1	Type of Document <i>Bible Record</i>		By whom issued and signed <i>Family Bible viewed by Rex B. Dunlap, Notary</i>		Date issued <i>8-11-55</i>	Date Orig. Entry
	Date of Birth <i>December 21, 1883</i>	Birth Place <i>Hailey, Idaho</i>	Full Name of Mother <i>Public, State of Washington</i>		Name of Father	
SUPPORTING RECORD 2	Type of Document <i>affidavit by uncle</i>		By whom issued and signed <i>Smith J. Carpenter</i>		Date issued <i>8-3-55</i>	Date Orig. Entry
	Date of Birth <i>December 21, 1883</i>	Birth Place <i>Hailey, Idaho</i>	Full Name of Mother <i>Sarah Jessie Carpenter</i>		Name of Father <i>Thomas Henry Brew</i>	
SUPPORTING RECORD 3	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Betty Waller</i>	Date Filed <i>August 16, 1955</i>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



DELAYED CERTIFICATION OF BIRTH  
STATE OF IDAHO

State File No. De55-989  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Lucille Elizabeth Peterson</b>				2. Date (month) (day) (year) Of Birth <b>October 28, 1883</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth a. County <b>Blaine County</b>		b. City or Town of Birth <b>Carey, Idaho</b>	
FATHER	6. Full Name of Father <b>Samuel W. Peterson</b>				7. State or Country of Father's Birth <b>Denmark</b>	
MOTHER	8. Full Maiden Name of Mother <b><del>ANNE</del> Augusta W. Carlson</b>				9. State or Country of Mother's Birth <b>Sweden</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Lucille E. Ward</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>September 12 1955</b>				11. Present Address of Registrant <b>P.O. Box 1451, Pocatello 801 N. 12th, Ave.</b>	
	12. Signature of Notary <i>William W. Sacht</i>				13. Notary Commission expires <b>March 8 1956</b>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <b>Census record</b>		By whom issued and signed <b>DEPARTMENT OF COMMERCE Bureau of the Census</b>		Date issued <b>7-26-55</b>
	Date of Birth <b>16 years old</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Augusta W. Ward</b>		Date Orig. Entry <b>Census of 1900, June 1</b>
SUPPORTING RECORD 2-	Type of Document <b>child's birth certificate</b>		By whom issued and signed <b>CITY OF SEATTLE Dept. of Health &amp; Sanitation</b>		Date issued <b>March 26, 1903</b>
	Date of Birth <b>19 years old</b>	Birth Place <b>Idaho</b>	Full Name of Mother		Date Orig. Entry <b>child born March 26, 1903</b>
SUPPORTING RECORD 3-	Type of Document <b>affidavit by family friend</b>		By whom issued and signed <b>Joseph W. Fuld</b>		Date issued <b>11-7-55</b>
	Date of Birth <b>16 years old</b>	Birth Place	Full Name of Mother		Date Orig. Entry <b>fall and winter of 1899-1900</b>
QUALIFYING INFORMATION	divorce decree dated December 8, 1887; Augusta W. Peterson vs. Samuel W. Peterson; Lucy E. Petersen named as one of minor children involved				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W W Benson</i>		Evidence reviewed by <b>bw Betty Waller</b>		Date Filed <b>November 15, 1955</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

NOV 16 1955

October 28, 1955

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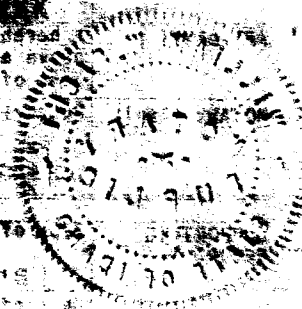
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749-226-044-863

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-208

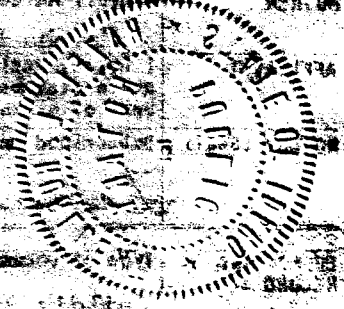
REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Dollie Purjue</b>			2. Date (month) (day) (year) Of Birth <b>November 26, 1883</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Washington</b>	b. City or Town of Birth <b>Cambridge</b>	
FATHER	6. Full Name of Father <b>Frank Purjue</b>			7. State or Country of Father's Birth <b>Iowa</b>	
MOTHER	8. Full Maiden Name of Mother <b>Marcha R. Holverson</b>			9. State or Country of Mother's Birth <b>Kansas</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Dollie Noble</i>	11. Present Address of Registrant <b>Bruneau, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <i>February 17 1957</i>			12. Signature of Notary <i>Hazel L. Threlbert</i>	13. Notary Commission expires <i>Sept. 28 1960</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <b>Child's Birth Certificate</b>		By whom issued and signed <b>State of Idaho #387400</b>		Date Issued <b>Child's Birthdate November 18, 1910</b>
	Date of Birth <b>Age 26</b>	Birth Place <b>Cambridge, Idaho</b>	Full Name of Mother		Name of Father
SUPPORTING RECORD 2.	Type of Document <b>Family Bible Record</b>		By whom issued and signed <b>Mother - at time of child's birth</b>		Date Issued <b>Viewed by Vital Stat. Appears Very Old</b>
	Date of Birth <b>November 26, 1883</b>	Birth Place	Full Name of Mother <b>M. Retta Holverson</b>		Name of Father <b>Frank Purjue</b>
SUPPORTING RECORD 3.	Type of Document <b>Affidavit by Old Family Friend</b>		By whom issued and signed <b>William Turner</b>		Date Issued <b>2-21-57</b>
	Date of Birth <b>Nov. 26, 1883</b>	Birth Place <b>Cambridge, Idaho</b>	Full Name of Mother <b>Marcha R. Holverson</b>		Name of Father <b>Frank Purjue</b>
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			Evidence reviewed by <b>sc Shirley Straubhar</b>	
	State Registrar <i>W. W. Benson</i>			Date Filed <b>Mar. 3, 1957</b>	

# STATE OF ILLINOIS DEPARTMENT OF HEALTH BIRTH CERTIFICATE

MAR 5 1957

NAME OF CHILD [Illegible]		SEX [Illegible]		DATE OF BIRTH [Illegible]		TIME OF BIRTH [Illegible]	
PLACE OF BIRTH [Illegible]		COUNTY [Illegible]		STATE [Illegible]		HOSPITAL [Illegible]	
NAME OF MOTHER [Illegible]		AGE OF MOTHER [Illegible]		OCCUPATION OF MOTHER [Illegible]		MARITAL STATUS [Illegible]	
NAME OF FATHER [Illegible]		AGE OF FATHER [Illegible]		OCCUPATION OF FATHER [Illegible]		MARITAL STATUS [Illegible]	
NAME OF REGISTRAR [Illegible]		SIGNATURE OF REGISTRAR [Illegible]		DATE OF REGISTRATION [Illegible]		PLACE OF REGISTRATION [Illegible]	



THIS CERTIFICATE IS VALID FOR THE PURPOSES OF THE ILLINOIS VITAL RECORDS ACT, CH. 95, ILCS 1/1-1/1, AS AMENDED, AND FOR THE PURPOSES OF THE ILLINOIS DEPARTMENT OF HEALTH, DIVISION OF VITAL RECORDS, RECORDS SECTION, AND FOR THE PURPOSES OF THE ILLINOIS DEPARTMENT OF HEALTH, DIVISION OF VITAL RECORDS, RECORDS SECTION, AND FOR THE PURPOSES OF THE ILLINOIS DEPARTMENT OF HEALTH, DIVISION OF VITAL RECORDS, RECORDS SECTION.

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De57-317**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Albert Leadley Harley</b>			2. Date (month) (day) (year) Of Birth <b>October 6 1883</b>		
	3. Color or Race <b>White</b>	4. Sex <b>M</b>	5. Place of Birth a. County <b>Ada</b>	b. City or Town of Birth <b>Boise</b>		
FATHER	6. Full Name of Father <b>Andrew Jackson Harley</b>			7. State or Country of Father's Birth		
MOTHER	8. Full Maiden Name of Mother <b>Mary Margaret Black</b>			9. State or Country of Mother's Birth		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Albert Leadley Harley</i>		11. Present Address of Registrant <b>Bruneau, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 15 1957</i>			12. Signature of Notary <i>John Hall</i>		13. Notary Commission expires <i>June 20 1959</i>

## APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>Affidavit by neighbor at time of birth</b>		By whom issued and signed <b>William I. Turner</b>		Date Issued <b>2-14-57</b>	Date Orig. Entry
	Date of Birth <b>10-6-1883</b>	Birth Place <b>Ada County Boise, Idaho</b>	Full Name of Mother <b>Mary Margaret Black</b>		Name of Father <b>Andrew Jackson Harley</b>	
SUPPORTING RECORD 2-	Type of Document <b>Certificate of Baptism</b>		By whom issued and signed <b>W. R. R. Simmons Bruneau, Idaho</b>		Date Issued <b>11-15-23</b>	Date Orig. Entry
	Date of Birth <b>10-6-83</b>	Birth Place	Full Name of Mother <b>Mary Margaret Harley</b>		Name of Father <b>Andrew Jackson Harley</b>	
SUPPORTING RECORD 3-	Type of Document <b>Insurance Policy</b>		By whom issued and signed <b>Gem State Mutual Life Association, Inc.</b>		Date Issued <b>10-29-40</b>	Date Orig. Entry <b>10-19-40</b>
	Date of Birth <b>10-6-83</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother		Name of Father	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by <b>Nancy Richards</b>	Date Filed <b>3-26-57</b>

SECRET

A circular postmark from the State of New York. The outer ring contains the text "STATE OF NEW YORK" at the top and "NEW YORK" at the bottom. The center of the stamp features the date "NOV 11 1904". The stamp is heavily inked and shows signs of wear and fading.



993-207-010-249

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-1121

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Edna Ann Rice				2. Date (month) (day) (year) Of Birth March 7 1883	
	3. Color or Race White	4. Sex Female	5. Place of Birth Idaho	a. County Cassia	b. City or Town of Birth Round Mountain, Idaho	
FATHER	6. Full Name of Father Hyrum Smith Rice				7. State or Country of Father's Birth Nauvoo, Illinois 1844	
MOTHER	8. Full Maiden Name of Mother Olive Emily Smith				9. State or Country of Mother's Birth Farmington, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant Edna Ann Rice	11. Present Address of Registrant 11321 Hatteras Street No. Hollywood, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on July 5 19 57				12. Signature of Notary Telma W. Barlow	13. Notary Commission expires June 19 19 59

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Certificate of Baptism and Confirmation		By whom issued and signed LDS Church Burley, Idaho		Date Issued 2-25-20	Date Orig. Entry Feb. 15, 1920
	Date of Birth March 7, 1883	Birth Place Round Mountain, Ida.	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 2.	Type of Document (age 86) Affidavit by neighbor at time of birth		By whom issued and signed Leon Albert Condit		Date Issued 10-23-57	Date Orig. Entry
	Date of Birth March 7, 1883	Birth Place Round Mountain, Ida.	Full Name of Mother Olive Emily Smith Rice		Name of Father Hyrum Smith Rice	
SUPPORTING RECORD 3.	Type of Document own child's birth certificate		By whom issued and signed Idaho #392944		Date Issued filed 8-1-44	Date Orig. Entry child born July 11, 1909
	Date of Birth age 26	Birth Place Roundmountain, Idaho	Full Name of Mother ---		Name of Father ---	

### QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal).	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. Benson	Evidence reviewed by nr Nancy Richards	Date Filed Nov. 27, 1957

NOV 27 1964

A circular postmark from New York, dated 1872. The text "NEW YORK" is at the top, "1872" is in the center, and "JAN 10" is at the bottom. The postmark is surrounded by a decorative border.

317130-041-957

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De58-187**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Harry Dean Lapham</b>				2. Date (month) (day) (year) Of Birth <b>Sept. 30 1883</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Teton Basin</b>	a. County <b>Teton Co.</b>	b. City or Town of Birth <b>Ranch in Teton Basin,</b>	
FATHER	6. Full Name of Father <b>Hiram C. Lapham</b>				7. State or Country of Father's Birth <b>Auburn, Maine</b>	
MOTHER	8. Full Maiden Name of Mother <b>Anna L. English</b>				9. State or Country of Mother's Birth <b>Springfield, Illinois</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Harry Dean Lapham</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>Jan. 20 1958</b>				11. Present Address of Registrant <b>616 Calif. St. Dillon, Montana</b>	
	12. Signature of Notary <i>Donnelly L. Freeman</i>				13. Notary Commission expires <b>9-16 1958</b>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Insurance Policy</b>		By whom issued and signed <b>Mutual Benefit Health &amp; Accident Assoc.</b>		Date Issued <b>8-4-51</b>	Date Orig. Entry <b>Aug. 3, 1951</b>
	Date of Birth <b>Sept. 30, 1883</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	
SUPPORTING RECORD 2.	Type of Document <b>Certificate of Baptism</b>		By whom issued and signed <b>R. C. St. Rose Church Dillon, Montana</b>		Date Issued <b>2-21-58</b>	Date Orig. Entry <b>Feb. 11, 1919</b>
	Date of Birth <b>Sept. 30, 1883</b>	Birth Place <b>Teton Co., Idaho</b>	Full Name of Mother <b>Annie English</b>		Name of Father <b>Hiram C. Lapham</b>	
SUPPORTING RECORD 3.	Type of Document <b>notarized photo-static copy of page from "History of Teton Valley" by B.W. Driggs</b>		By whom issued and signed <b>notarized as true copy by Dora E. Schmittroth, Beaverhead Co. Montana.</b>		Date Issued <b>2-21-58</b>	Date Orig. Entry <b>copyrighted 1926</b>
	Date of Birth <b>Sept. 30, 1883</b>	Birth Place <b>Teton Valley, Idaho</b>	Full Name of Mother <b>Anna Lapham</b>		Name of Father <b>Hiram C. Lapham</b>	
QUALIFYING INFORMATION	School Census, Beaverhead Co., Dillon, Montana; issued 2-18-58: age 12 as of Aug. 15, 1896; father Hiram Lapham.					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <b>nr Nancy Richards</b>		Date Filed <b>March 7, 1958</b>	

# STATE OF ILLINOIS DEPARTMENT OF HEALTH BIRTH CERTIFICATE OF BIRTH

MAR 7 1933

1. Name of child [illegible]		2. Sex [illegible]	
3. Date of birth [illegible]		4. Time of birth [illegible]	
5. Place of birth [illegible]		6. Name of mother [illegible]	
7. Name of father [illegible]		8. Address of mother at time of birth [illegible]	
9. Address of father at time of birth [illegible]		10. Name of physician [illegible]	
11. Name of hospital or institution [illegible]		12. Name of attending physician [illegible]	
13. Name of nurse [illegible]		14. Name of midwife [illegible]	
15. Name of doctor [illegible]		16. Name of physician [illegible]	
17. Name of physician [illegible]		18. Name of physician [illegible]	
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69. Name of physician [illegible]		70. Name of physician [illegible]	
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73. Name of physician [illegible]		74. Name of physician [illegible]	
75. Name of physician [illegible]		76. Name of physician [illegible]	
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91. Name of physician [illegible]		92. Name of physician [illegible]	
93. Name of physician [illegible]		94. Name of physician [illegible]	
95. Name of physician [illegible]		96. Name of physician [illegible]	
97. Name of physician [illegible]		98. Name of physician [illegible]	
99. Name of physician [illegible]		100. Name of physician [illegible]	



It is hereby certified that the foregoing is a true and correct copy of the original as filed in the office of the State Registrar of Births and Deaths, State of Illinois, at Chicago, Illinois, on the 7th day of March, 1933.

State Registrar of Births and Deaths, State of Illinois, at Chicago, Illinois, on the 7th day of March, 1933.

295-09-001-212

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-445

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Fred Barton Breshears</b>			2. Date (month) (day) (year) Of Birth <b>March 9 1883</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Ada</b>	b. City or Town of Birth <b>Star</b>		
FATHER	6. Full Name of Father <b>James B. Breshears</b>			7. State or Country of Father's Birth <b>Missouri</b>		
MOTHER	8. Full Maiden Name of Mother <b>Harriet L. Bass</b>			9. State or Country of Mother's Birth <b>Missouri</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Fred B. Breshears</i>		11. Present Address of Registrant <b>Box 512, Homedale, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <i>May 23 1958</i>			12. Signature of Notary <i>Hazel L. Hurlbert</i>		13. Notary Commission expires <i>Sept 28 1960</i>
<b>APPLICANT— DO NOT WRITE BELOW THIS LINE</b>						
SUPPORTING RECORD 1-	Type of Document <b>Own Child's Birth Certificate</b>		By whom issued and signed on file Idaho <b>#327687</b>		Date issued <b>12-23-1941</b>	Date Orig. Entry child born <b>Aug 14, 1906</b>
	Date of Birth <b>Age 23</b>	Birth Place <b>Star, Idaho</b>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2-	Type of Document <b>Insurance Policy</b>		By whom issued and signed <b>Gem State Mutual Life Association, Pocatello, Idaho</b>		Date issued	Date Orig. Entry <b>Nov 30, 1948</b>
	Date of Birth <b>March 9, 1883</b>	Birth Place <b>Star, Idaho</b>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3-	Type of Document <b>Family Bible Record</b>		By whom issued and signed		Date issued	Date Orig. Entry obviously old
	Date of Birth <b>March 9, 1883</b>	Birth Place	Full Name of Mother <b>Harriet L. Breshears</b>		Name of Father <b>James B. Breshears</b>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <b>Joyce B. Foltz</b>		Date Filed <b>May 23, 1958</b>	

1. Name of Child James H. Pressogate		2. Date of Birth May 23, 1958		3. Place of Birth St. Louis, Mo.		4. Sex Male		5. Age 10		6. Date of Death None		7. Cause of Death None		8. Place of Death None		9. Date of Burial None		10. Place of Burial None		11. Name of Father James H. Pressogate		12. Name of Mother James H. Pressogate		13. Name of Grandfather James H. Pressogate		14. Name of Grandmother James H. Pressogate		15. Name of Great-grandfather James H. Pressogate		16. Name of Great-grandmother James H. Pressogate		17. Name of Great-great-grandfather James H. Pressogate		18. Name of Great-great-grandmother James H. Pressogate		19. Name of Great-great-great-grandfather James H. Pressogate		20. Name of Great-great-great-grandmother James H. Pressogate	
21. Name of Child James H. Pressogate		22. Date of Birth May 23, 1958		23. Place of Birth St. Louis, Mo.		24. Sex Male		25. Age 10		26. Date of Death None		27. Cause of Death None		28. Place of Death None		29. Date of Burial None		30. Place of Burial None		31. Name of Father James H. Pressogate		32. Name of Mother James H. Pressogate		33. Name of Grandfather James H. Pressogate		34. Name of Grandmother James H. Pressogate		35. Name of Great-grandfather James H. Pressogate		36. Name of Great-grandmother James H. Pressogate		37. Name of Great-great-grandfather James H. Pressogate		38. Name of Great-great-grandmother James H. Pressogate		39. Name of Great-great-great-grandfather James H. Pressogate		40. Name of Great-great-great-grandmother James H. Pressogate	
41. Name of Child James H. Pressogate		42. Date of Birth May 23, 1958		43. Place of Birth St. Louis, Mo.		44. Sex Male		45. Age 10		46. Date of Death None		47. Cause of Death None		48. Place of Death None		49. Date of Burial None		50. Place of Burial None		51. Name of Father James H. Pressogate		52. Name of Mother James H. Pressogate		53. Name of Grandfather James H. Pressogate		54. Name of Grandmother James H. Pressogate		55. Name of Great-grandfather James H. Pressogate		56. Name of Great-grandmother James H. Pressogate		57. Name of Great-great-grandfather James H. Pressogate		58. Name of Great-great-grandmother James H. Pressogate		59. Name of Great-great-great-grandfather James H. Pressogate		60. Name of Great-great-great-grandmother James H. Pressogate	
61. Name of Child James H. Pressogate		62. Date of Birth May 23, 1958		63. Place of Birth St. Louis, Mo.		64. Sex Male		65. Age 10		66. Date of Death None		67. Cause of Death None		68. Place of Death None		69. Date of Burial None		70. Place of Burial None		71. Name of Father James H. Pressogate		72. Name of Mother James H. Pressogate		73. Name of Grandfather James H. Pressogate		74. Name of Grandmother James H. Pressogate		75. Name of Great-grandfather James H. Pressogate		76. Name of Great-grandmother James H. Pressogate		77. Name of Great-great-grandfather James H. Pressogate		78. Name of Great-great-grandmother James H. Pressogate		79. Name of Great-great-great-grandfather James H. Pressogate		80. Name of Great-great-great-grandmother James H. Pressogate	
81. Name of Child James H. Pressogate		82. Date of Birth May 23, 1958		83. Place of Birth St. Louis, Mo.		84. Sex Male		85. Age 10		86. Date of Death None		87. Cause of Death None		88. Place of Death None		89. Date of Burial None		90. Place of Burial None		91. Name of Father James H. Pressogate		92. Name of Mother James H. Pressogate		93. Name of Grandfather James H. Pressogate		94. Name of Grandmother James H. Pressogate		95. Name of Great-grandfather James H. Pressogate		96. Name of Great-grandmother James H. Pressogate		97. Name of Great-great-grandfather James H. Pressogate		98. Name of Great-great-grandmother James H. Pressogate		99. Name of Great-great-great-grandfather James H. Pressogate		100. Name of Great-great-great-grandmother James H. Pressogate	



RECEIVED

JUN 16 1958

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De58-595

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name and Surname <i>Alice Elvira Beasley</i>			2. Date (month) (day) (year) Of Birth <i>Aug - - 22</i> 1883		
	3. Color or Race <i>white</i>	4. Sex <i>female</i>	5. Place of Birth a. County <i>Latah</i> b. City or Town of Birth <i>Moscow - Idaho</i>			
FATHER	6. Full Name of Father <i>Richard Beasley</i>			7. State or Country of Father's Birth <i>Missouri</i>		
MOTHER	8. Full Maiden Name of Mother <i>Sarah Elizabeth Beasley</i>			9. State or Country of Mother's Birth <i>Oregon</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Alice Elvira Beasley</i>		11. Present Address of Registrant <i>Pullman, Wn</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>April 24</i> 1958			12. Signature of Notary <i>Gunnabell Schmidt</i>		13. Notary Commission expires <i>December 15 1960</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>Federal Census Record</i>		By whom issued and signed <i>U. S. Bureau of the Census</i>		Date issued <i>5-16-58</i>	Date Orig. Entry <i>June 1, 1900</i>
	Date of Birth <i>Aug. 1883</i>	Birth Place <i>Idaho</i>	Full Name of Mother <i>Sarah E. Beasley</i>		Name of Father <i>Richard Beasley</i>	
SUPPORTING RECORD 2.	Type of Document <i>Voting Registration Record</i>		By whom issued and signed <i>City Clerk's Office Pullman, Washington</i>		Date issued <i>4-24-58</i>	Date Orig. Entry <i>May 26, 1944</i>
	Date of Birth <i>age 60</i>	Birth Place <i>Moscow, Idaho Latah Co.</i>	Full Name of Mother <i>---</i>		Name of Father <i>---</i>	
SUPPORTING RECORD 3.	Type of Document <i>Bible Record (Photostat)</i>		By whom issued and signed <i>original viewed by Notary Public Betty Ann Stone, Lewiston, Ida.</i>		Date issued <i>6-58</i>	Date Orig. Entry <i>old record</i>
	Date of Birth <i>Aug. 22, 1883</i>	Birth Place <i>Moscow, Idaho</i>	Full Name of Mother <i>Sarah E. Beasley</i>		Name of Father <i>Richard Beasley</i>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>mr Nancy Richards</i>	Date Filed <i>July 3, 1958</i>

STATE OF NEW YORK  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL RECORDS  
 CERTIFICATE OF BIRTH

RECEIVED  
 JUN 1 1918

STATE OF NEW YORK  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL RECORDS

1. Name of child	2. Sex	3. Date of birth	4. Time of birth	5. Place of birth	6. Name of mother	7. Name of father	8. Name of informant	9. Signature of informant	10. Signature of registrar
11. Place of birth of mother	12. Place of birth of father	13. Date of marriage	14. Name of mother at birth	15. Name of father at birth	16. Name of mother at marriage	17. Name of father at marriage	18. Name of mother at present	19. Name of father at present	20. Name of mother at present

21. Name of mother at birth	22. Name of father at birth	23. Name of mother at marriage	24. Name of father at marriage	25. Name of mother at present	26. Name of father at present	27. Name of mother at present	28. Name of father at present	29. Name of mother at present	30. Name of father at present
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31. Name of mother at present	32. Name of father at present	33. Name of mother at present	34. Name of father at present	35. Name of mother at present	36. Name of father at present	37. Name of mother at present	38. Name of father at present	39. Name of mother at present	40. Name of father at present
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214-227-030-296

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No.

De60-012

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Mabel Adel Kadletz</b>				2. Date (month) (day) (year) Of Birth <b>March 27 1883</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth a. County <b>Lemhi</b>		b. City or Town of Birth <b>near Salmon</b>	
FATHER	6. Full Name of Father <b>John W. Kadletz</b>				7. State or Country of Father's Birth <b>Missouri</b>	
MOTHER	8. Full Maiden Name of Mother <b>Jennie Brock</b>				9. State or Country of Mother's Birth <b>Missouri</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Mabel Kadletz Paul</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>January 4th 19 60</b>				11. Present Address of Registrant <b>Salmon, Idaho</b>	
	12. Signature of Notary <i>[Signature]</i>				13. Notary Commission expires <b>February 27 19 60</b>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>Insurance Policy</b>		By whom issued and signed <b>Mutual Benefit Health &amp; Acc. ASSOC.</b>		Date issued <b>10-1-48</b>	Date Orig. Entry <b>Sept. 16, 1948</b>
	Date of Birth <b>March 27, 1883</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	
SUPPORTING RECORD 2-	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>Idaho #1995</b>		Date issued <b>-----</b>	Date Orig. Entry <b>child born Aug. 18, 1911</b>
	Date of Birth <b>age 28</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	
SUPPORTING RECORD 3-	Type of Document <b>Affidavit by family friend at time of birth, age 85, Nora Y. Whitwell</b>		By whom issued and signed <b>-----</b>		Date issued <b>6-22-55</b>	Date Orig. Entry <b>-----</b>
	Date of Birth <b>March 27, 1883</b>	Birth Place <b>Lemhi Co. near Salmon, Idaho</b>	Full Name of Mother <b>Jennie Brock</b>		Name of Father <b>John Kadletz</b>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. L. Benson</i>		Evidence reviewed by <b>Nancy Richards</b> mr		Date Filed <b>Jan. 6, 1960</b>	

RECEIVED DEPT. OF AGRICULTURE  
STATE OF IOWA

15-584

[illegible]

1. The first of these is the fact that the Commission has not yet received any information from the Government of the United States regarding the results of its investigation of the activities of the American branch of the Communist Party in the United States. This is a serious matter, and it is hoped that the Commission will be able to obtain the necessary information in the near future.

88781# Bing Wood 22-00-01

764-229-004-993

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 829

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>JUNE RICH POMEROY</b>				2. Date (month) (day) (year) Of Birth June 29 1883			
	3. Color or Race white	4. Sex female	5. Place of Birth a. County Paris		b. City or Town of Birth Bear Lake			
FATHER	6. Full Name of Father <i>Edw Salt Lake Valley</i> <b>Francis Ashbel Pomeroy</b>				7. State or Country of Father's Birth <i>Utah, United States - America</i>			
MOTHER	8. Full Maiden Name of Mother <i>Salt Lake City</i> <b>Mary Ann Rich</b>				9. State or Country of Mother's Birth <i>Utah America</i>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>June Rich Pomeroy</i>		11. Present Address of Registrant <i>11-14th Ave East</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 1<sup>st</sup></i> 1961				12. Signature of Notary <i>Ettie Mue</i>		13. Notary Commission expires <i>5-6</i> 1963	

## APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document statement regarding hospital records		By whom issued and signed The Swedish Hospital, Anne Murphy, Medical Records Lib.	Date issued July 17, 1961	Date Orig. Entry admitted May 5, 1929
	Date of Birth age 45	Birth Place Paris, Idaho	Full Name of Mother -----	Name of Father -----	
SUPPORTING RECORD 2-	Type of Document Census Record		By whom issued and signed Bureau of the Census	Date issued Aug. 3, 1961	Date Orig. Entry Jan. 1, 1920
	Date of Birth age 36	Birth Place Idaho	Full Name of Mother -----	Name of Father -----	
SUPPORTING RECORD 3-	Type of Document affidavit by uncle		By whom issued and signed Edward I. Rich, M.D. age 93	Date issued Oct. 5, 1961	Date Orig. Entry -----
	Date of Birth June 29, 1883	Birth Place Paris, Idaho	Full Name of Mother Mary Ann Rich	Name of Father F. A. Pomeroy	

## QUALIFYING INFORMATION

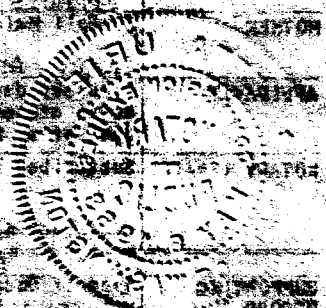
## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. Benson</i>	Evidence reviewed by <i>PW</i>	Date Filed Oct. 10, 1961

STATE OF IOWA  
DEPARTMENT OF HEALTH, DATE OF BIRTH

OCT 10 1900

<p>NAME OF CHILD</p> <p>DATE OF BIRTH</p> <p>PLACE OF BIRTH</p> <p>SEX</p> <p>COLOUR</p> <p>WEIGHT</p> <p>HEIGHT</p> <p>TEMPERATURE</p> <p>PULSE</p> <p>RESPIRATIONS</p> <p>DIAPHRAGM</p> <p>STOMACH</p> <p>INTESTINES</p> <p>GENITALS</p> <p>SKIN</p> <p>HAIR</p> <p>EYES</p> <p>EARS</p> <p>NOSE</p> <p>MOUTH</p> <p>TONGUE</p> <p>TEETH</p> <p>FEET</p> <p>TOES</p> <p>CLAWS</p> <p>SKIN</p> <p>HAIR</p> <p>EYES</p> <p>EARS</p> <p>NOSE</p> <p>MOUTH</p> <p>TONGUE</p> <p>TEETH</p> <p>FEET</p> <p>TOES</p> <p>CLAWS</p>	<p>NAME OF MOTHER</p> <p>DATE OF BIRTH</p> <p>PLACE OF BIRTH</p> <p>SEX</p> <p>COLOUR</p> <p>WEIGHT</p> <p>HEIGHT</p> <p>TEMPERATURE</p> <p>PULSE</p> <p>RESPIRATIONS</p> <p>DIAPHRAGM</p> <p>STOMACH</p> <p>INTESTINES</p> <p>GENITALS</p> <p>SKIN</p> <p>HAIR</p> <p>EYES</p> <p>EARS</p> <p>NOSE</p> <p>MOUTH</p> <p>TONGUE</p> <p>TEETH</p> <p>FEET</p> <p>TOES</p> <p>CLAWS</p>	<p>NAME OF FATHER</p> <p>DATE OF BIRTH</p> <p>PLACE OF BIRTH</p> <p>SEX</p> <p>COLOUR</p> <p>WEIGHT</p> <p>HEIGHT</p> <p>TEMPERATURE</p> <p>PULSE</p> <p>RESPIRATIONS</p> <p>DIAPHRAGM</p> <p>STOMACH</p> <p>INTESTINES</p> <p>GENITALS</p> <p>SKIN</p> <p>HAIR</p> <p>EYES</p> <p>EARS</p> <p>NOSE</p> <p>MOUTH</p> <p>TONGUE</p> <p>TEETH</p> <p>FEET</p> <p>TOES</p> <p>CLAWS</p>	<p>NAME OF DOCTOR</p> <p>DATE OF BIRTH</p> <p>PLACE OF BIRTH</p> <p>SEX</p> <p>COLOUR</p> <p>WEIGHT</p> <p>HEIGHT</p> <p>TEMPERATURE</p> <p>PULSE</p> <p>RESPIRATIONS</p> <p>DIAPHRAGM</p> <p>STOMACH</p> <p>INTESTINES</p> <p>GENITALS</p> <p>SKIN</p> <p>HAIR</p> <p>EYES</p> <p>EARS</p> <p>NOSE</p> <p>MOUTH</p> <p>TONGUE</p> <p>TEETH</p> <p>FEET</p> <p>TOES</p> <p>CLAWS</p>
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Registration